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ABSTRACT

This collection of resources contains 95 summaries of research conducted on drug use in countries other than the United States, and is designed to be an introductory set of readings which provide a basic familiarity with drug use patterns in foreign countries. The first section contains 23 studies on the United Kingdom while the second section contains 72 studies organized by major geographical area and then by individual country. In each section the studies are cited alphabetically; the table of contents provides an overview of the geographic arrangement and the countries and drugs discussed. A wide range of topics is presented including epidemiological issues, law enforcement, personality, marihuana, and cross-cultural aspects of drug use. A supplementary bibliography of additional readings is also included. (Author/HLM)

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INTERNATIONAL DRUG USE

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Contents

Foreword / v

Preface / vii

Studies / ix

Introduction / xvii

I. UNITED KINGDOM / 1

II. CONTINENTAL EUROPE / 49

France -- multidrug / 51
Netherlands --multidrug, cannabis / 55
German Democratic Republic -- quaaludes, multidrug / 59
Switzerland -- analgesics, multidrug / 64
Italy -- multidrug / 68
Greece -- cannabis / 73
Yugoslavia -- multidrug / 75

III. SCANDINAVIA / 77

Denmark -- multidrug, opiates, cannabis / 79
Finland -- multidrug, cannabis / 89
Norway -- multidrug / 91
Sweden -- stimulants, multidrug / 92

IV. AFRICA AND THE NEAR EAST / 101

Ghana -- multidrug / 103
Nigeria -- stimulants, quaaludes / 105
Rwanda -- cannabis / 109
Zaire -- cannabis / 110
Zambia -- cannabis / 112
Morocco -- cannabis / 113
Egypt -- cannabis / 114
Israel -- cannabis, opium / 116
Iran -- opium / 127

V. ASIA / 129

Afghanistan -- opium, cannabis, multidrug / 131
Pakistan -- cannabis / 132
Reúnion -- cannabis / 134
Nepal -- cannabis / 136
Southeast Asia -- cannabis / 139
Thailand -- multidrug, opiates / 140
Korea -- opiates / 142
China and Hong Kong -- opiates / 144
Japan -- stimulants, multidrug / 154

Contents (Cont.)

VI. LATIN AMERICA AND THE CARIBBEAN / 161

- Brazil -- cannabis / 163
- Chile -- cannabis / 166
- Colombia -- multidrug, cannabis / 168
- Jamaica -- cannabis / 172
- Mexico -- multidrug / 183

SUPPLEMENTARY BIBLIOGRAPHY / 187

INDEXES / 193

Foreword

The issues of psychosocial drug use and abuse have generated many volumes analyzing the "problem" and suggesting "solutions." Research has been conducted in many disciplines and from many different points of view. The need to bring together and make accessible the results of these research investigations is becoming increasingly important. The Research Issues Series is intended to aid investigators by collecting, summarizing, and disseminating this large and disparate body of literature. The focus of this series is on critical problems in the field. The topic of each volume is chosen because it represents a challenging issue of current interest to the research community. As additional issues are identified, relevant research will be published as part of the series.

Many of the volumes in the series are reference summaries of major empirical research and theoretical studies of the last fifteen years. These summaries are compiled to provide the reader with the purpose, methodology, findings, and conclusions of the studies in given topic areas. Other volumes are original resource handbooks designed to assist drug researchers. These resource works vary considerably in their topics and contents, but each addresses virtually unexplored areas which have received little attention from the research world.

Dan J. Lettieri, Ph.D.
Thomas J. Glynn, Ph.D.
National Institute on Drug Abuse

Preface

This volume contains 95 summaries of research conducted on drug use in countries other than the United States. It is neither a comprehensive nor a representative survey of drug use throughout the world, but rather an introductory collection of readings designed to provide a basic familiarity with some of the major differences and similarities between drug use in the United States and elsewhere. Each summary is intended to be a faithful representation of the original study, utilizing as closely as possible each author's word usage and spelling. The purpose of the Research Issues Series is to alert drug specialists and lay readers to pertinent research that has been conducted and to direct them to the original documents for further examination. More information is provided than is usually available in conventional abstracts in order to allow researchers to determine the relevancy of each study to their interests and to evaluate the quality of the research. Although the treatment is often quite detailed, in no way do these abstracts replace the original studies. For the serious scholar, there can be no substitute for the original.

The first section of this volume contains 23 studies on the United Kingdom, principally Great Britain. The second consists of 72 studies dealing with other foreign countries, organized by major geographic area (Continental Europe, Scandinavia, Africa and the Near East, Asia, Latin America, and the Caribbean), and then by individual country. The studies in each section are cited alphabetically in the list of studies; the table of contents provides an overview of the geographic arrangement and the countries and drugs discussed. A supplementary bibliography of additional readings in the areas covered is included at the end of the volume. Several indexes are also provided, carefully designed to meet the needs and interests of drug researchers. The introduction provides a brief overview to the entire topic.

The studies themselves cover a wide range of topics. A great many are purely epidemiological: they describe the incidence and prevalence of drug use in a country as a whole or among a particular population within that country. Other articles focus on specific aspects or issues involved in that use, such as personality or background characteristics of users, crime, and law enforcement. We sought to include studies which deal particularly with topics covered in other Series volumes. The nature and quality of the available literature also considerably influenced the final volume content. A separate section is devoted to the United Kingdom because of the wealth of material that has been generated and because of the interest in the differences between opiate use there and in the U.S., especially in the nature and effects of the so-called "British system" of medically oriented treatment. Research on cannabis is heavily represented because, outside of alcohol, tobacco, coffee, and tea, it is the most widely used drug in the world. It has been the focus of some of the best cross-cultural research, as collected in two authoritative volumes: (1) Vera Rubin, ed., *Cannabis and Culture* (The Hague: Mouton, 1975), and (2) Rhea Dornbush, et al., eds., *Chronic Cannabis Use*, volume 232 of the *Annals of the New York Academy of Sciences*, 1976. A number of chapters from *Cannabis and Culture* are summarized in this volume; *Chronic Cannabis Use* arrived too late for inclusion. We encourage readers interested in this subject to thoroughly examine both of these invaluable volumes.

Also given particular attention are the two great post-war amphetamine epidemics that occurred in Sweden and Japan, and the use of opiates in Asia. Research on coca and cocaine use was excluded as a previous volume of the Series was devoted to this subject. Similarly, Canadian studies were excluded because much of this research has appeared in other volumes. Readers interested in cross-cultural aspects of drug use should also examine volume 24 of the Series: *Perspectives on the History of Psychoactive Substance Use*, and the several volumes of international conference proceedings that exist--such as the International Institutes on the Prevention and Treatment of Drug Dependence published by the International Council on Alcohol and Drug Addiction

(Lausanne, Switerland), and the International Conference on Alcoholism and Drug Dependence. The Journal of Drug Issues (5:1, 1975) and Addictive Diseases (3:1, 1977) have devoted theme issues to this topic.

An extensive and comprehensive literature search was carried out to identify materials for inclusion in this volume. Major clearinghouses, data bases, library collections, and special bibliographies were searched. The editors also corresponded with professional organizations, institutions, and research specialists in searching for relevant materials. Current issues of newsletters and journals were scanned throughout the project. The list of bibliographic sources searched includes:

Addiction Research Foundation, Bibliographies
Dissertation Abstracts
Index Medicus
National Clea-inghouse for Drug Abuse Information
Psychological Abstracts
Public Affairs Information Service
Research in Education
Social Sciences Citation Index
Sociological Abstracts
SPEED: The Current Index to Drug Abuse Literature

The criteria for selection of documents were drawn up by a consultant group of drug researchers working with the contractor and representatives of the National Institute on Drug Abuse. For inclusion, a study had to meet the following general criteria:

- Empirical research studies with findings petinent to the particular topic, or major theoretical approaches to the study of that topic.
- Published between January 1960 and January 1977, preferably in the professional literature, with the exception of certain older "classics" which merited inclusion, and unpublished dissertations.
- English language.

Gregory A. Austin, Ph.D.
Documentation Associatiates

Studies

UNITED KINGDOM

Page

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	Page
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	Page
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Page

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	Page
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Introduction

The purpose of this volume is to foster a better understanding of the wide range of drug-using patterns and behaviors in the world, and how and why they are different from, or similar to, those observed in the United States. It is increasingly apparent that in order to enhance our understanding of drug use and our abilities to deal with it effectively we must develop a wider cross-cultural perspective. Such complex phenomena as drug use and control cannot be easily analyzed. The underlying influences are seemingly inexhaustible and often elusive. Yet while it is clear that individual and situational factors vary, it is also evident that many common factors do seem to underly most drug use situations. By comparing different times and places, we can more readily identify those common, relevant factors on which valid generalizations, predictions, and policy decisions can be based. Cross-cultural research can provide a critical test of the validity of our assumptions about drugs and an invaluable tool to assist in formulating both theories and policies. It can help us distinguish between the direct pharmacological effects of a psychoactive substance and those external factors which influence an individual's drug experience. It can help us identify more accurately the general conditions that may promote or moderate the spread of use and its disruptive potential. By examining the effectiveness of drug policies and responses in different societies, we may be able to better evaluate our own responses and possibly formulate more workable alternatives.

As stated in the preface, this volume is not a complete review of all the research that has been conducted on drug use outside of the United States. Significant omissions had to be made. The volume nevertheless covers a wide variety of drugs and topics. Discussed below are some of the major topics and studies which are included, particularly as they relate to the etiology and control of drug use.

Drug Use in Britain

Because of the controversies surrounding the differences in heroin use, control, and treatment between the U.S. and Britain, much of the volume deals with this subject. In 19th-century American and Britain the pattern of opiate use and the response to that use were quite similar, but in the course of the 20th century these two countries began to diverge considerably. Unlike the U.S. government, the British government did not interfere with the medical profession's prescribing of narcotic drugs and did not criminalize their use. The Dangerous Drugs Act of 1920 only restricted opiate distribution to within medical channels. Similarly, the Rolleston Committee on Morphine and Heroin Addiction (1926) recommended that physicians be allowed to continue prescribing heroin or morphine to their patients and rejected institutionalized treatment.

This medical approach became the foundation of British drug policy, and until the 1960's the incidence of narcotic addiction remained low and a black market failed to develop. In the 1960's, however, heroin use among young males began to increase markedly. The exact cause of this increase has been much debated; one theory which Spear and Glatt (1971) refute is that it was spurred by immigration of Canadian addicts seeking more freely available drugs. Whatever its cause, in response the Dangerous Drugs Act of 1967 was passed which, beginning in 1968, imposed stricter controls on the manufacture, sale, and possession of opiate drugs and instituted a program of addict notification and treatment through clinics. Now addicts could only get heroin from treatment centers and licensed physicians, although the government still maintained the medically oriented approach established with Rolleston.

The very nature and effectiveness of this so-called "British system" both before the 1967 act and afterwards, and its applicability to the American situation (particulary the concept of heroin maintenance), are still controversial. While some observers view it as a maintenance system, Hawks (1974) maintains that at present the system is abstinence-oriented. Others have noted that Britain is in fact moving away from using heroin to methadone, as in the U.S. Furthermore, the presently available evidence makes it difficult to draw any definitive conclusions regarding the total effectiveness of the changes made in 1968 and whether they have decreased the total heroin problem (Smart, 1976*).[1] Ogborne and Stimson (1975) raise the question of whether the treatment system is actually encouraging the perpetuation of use. Hitchins et al. (1971) and Bewley (1972) attribute considerable success to it. [On this subject see also Josephson, 1973*, and Johnson, 1975*.]

Two other studies on the United Kingdom, both by de Alarcón, are also of particular importance. The first (de Alarcón, 1969) has been praised as one of the most imaginative of epidemiological studies (Josephson 1974:xxix). It traces the spread of heroin addiction through the single town of Crawley from the time it was introduced by local boys who had acquired the habit while visiting or living in another town. He concludes that as long as there are chronic heroin cases within a population at risk, there is the possibility of acute outbreaks. In the second study, de Alarcón (1972) lauds the opportune cooperation of manufacturers and government in establishing strict controls and public health measures which reduced a threatened epidemic outbreak of methedrine injection among British youth by closing the retail market and making the drug scarce. Several other studies in this volume also deal with attempts to control sudden epidemics of amphetamine and stimulant abuse in Japan and Sweden, as will be discussed further below.

Drug Availability and Use

Drug use is of course dependent upon the easy availability of a cheap intoxicant, but surprisingly little is known about how the availability of a particular drug relates to actual use. For example, why until recently have Western cultures generally avoided the use of cannabis in favor of alcohol despite familiarity with its use since classical Greece and Rome? Several studies in this volume do illustrate that mere availability alone cannot account for the spread of all drug use, and that a wide variety of factors influence a society's or a group's choice of an intoxicant and its pattern of use. A classic example of an immunity to the use of available drugs is Japan, which never had a substantial drug use problem before the outbreak of a methaphetamine epidemic following World War II (Brill and Hirose, 1969; Nagahama, 1968; Kato, 1969; Ishii and Motohashi, 1977). The Japanese still are remarkably resistant to the attraction of cannabis. Although the Greeks have been surrounded by hashish using peoples since ancient times, there is no evidence to indicate that they utilized the drug in any significant way before the mid-19th century, even when occupied by hashish-using Turks (Stefani et al., 1975). Similarly, Israel is surrounded by cannabis-using countries and lies in one of the major crossroads of drug smuggling, but of all the countries of the Middle East, only there was cannabis not used to any extent until after the 6-day War of 1967 (Mayer, 1965; Miller, 1971; Palgi, 1975; Friedman and Peer, 1970). Falco (1976) questions why major outbreaks of methaqualone use occurred primarily in Germany, Great Britain, and Japan although the drug was actively marketed and used throughout Europe. Other examples include the limited use of alcohol and cannabis in China despite the ancient history of their availability (Singer 1974), and the limited use of any drug except alcohol in Italy as late as 1970 despite its central role in drug trafficking (Madeddu and Malogoli, 1970). Codere (1975) illustrates that drug use and attitudes can follow lines of social structure within the same culture. In Rwanda, Africa, the use of cannabis by the Twa is linked to all that sets the Twa apart as a social group. They are heavy consumers who use it to bring courage and strength. All non-Twa use alcohol. As Codere emphasizes, Twa cannabis use has a specific definition and character because of the sociocultural system in which it is embedded and to which it contributes its influence. Finally, Benoist (1976) raises the question of what explains the widespread use of alcohol in Réunion and the limited use of cannabis (zamal) when both are easily accessible and neither is costly.

What accounts for the preference for certain drugs and resistance to others? What factors interact to make an available drug appealing to a particular people at any one period of time? In part a drug's impact appears to be influenced by the compatibility of its perceived effects or its image to acceptable values and needs of a group. Many observers have emphasized that cannabis use has never spread into groups which emphasize action as opposed to withdrawal and introspection, as in the case of Israel and Western Civilization in general. The Chinese "immunity" to alcohol abuse has been attributed to a traditional preference for controlled, passive, yielding, and intellectual traits, and an abhorrence of rowdiness and boisterousness (Singer, 1974). Similar factors have been seen as the reason why the Chinese have never extensively used cannabis, despite long knowledge of its intoxicating properties (Li 1975*).

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[1] References followed by asterisks are not abstracted in this volume; they are cited in full at the end of this Introduction.

In regard to opium, its availability certainly may lead to massive addiction, as occured in Iran (Mowlana, 1974) and China (Hess, 1965; Ding, 1970; Holzner and Ding, 1973; Singer 1974; Lowinger, 1972). But the experiences of Turkey, Afghanistan, and India caution that this does not hold true for all countries. All three of the latter are traditional centers of opium cultivation; none have developed as extensive a problem as Iran or China. Although the history of opium use and cultivation goes back for centuries in Afghanistan, most use is still medical in origin and limited; even in the area where the greatest cultivation and use occurs, people who produce the poppy abuse it far less than in neighboring districts in which, due to lower temperatures and other adverse consequences, cultivation is not possible (Gobar, 1976). Opium has been growing in Yugoslavia for more than 100 years and today it is the largest producer of raw opium in the so-called Western Opium Region. Despite this, addiction has never constituted a serious problem; when drug use did begin to increase after 1967, it was mainly multiple drug use, with only 4.5% using opiates alone (Kilibardi and Zizic, 1973).

In Jamaica, it appears that cannabis is used to such a large extent in part because its effects are preferred over alcohol. Prince et al. (1972) suggest that the Jamaican poor may prefer cannabis because it is cheaper than alcohol, a finding which Beaubrun (1975) suggests indicates that the pricing of a drug out of reach may be a more effective way of dealing with a substance than forbidding it. The role of price controls in drug use is a subject needing much further investigation. In this case, however, Rubin and Comitas (1976:147-9*) found little support of this economic thesis, concluding that users generally view ganja as a "benevolent alternative" to alcohol not because of its cost but because of their perception of differential effects.

The use of amphetamines in Japan, Great Britain, Sweden, and the U.S. following World War II has also been in part attributed to the fact that all four are highly developed, technological societies which emphasize productivity and personal achievement. Ellinwood (1974*) posits that the stimulant effects of amphetamine fit well as a coping mechanism with the increasingly hectic and ever-changing pace of modern life in these countries and therefore it can be expected that a culture based on achievement may foster stimulant abuse (Ellinwood, 1974*; Grinspoon and Hedbloom, 1975*).

The precise role of broad sociocultural factors in influencing the choice of intoxicant and its pattern of use still needs further investigation; theories of ethnic specificity have been criticized for attributing a false sense of homogeneity to user populations. It is nevertheless true that each society or culture tends to develop a particular pattern of drug use and a particular ethos or feeling about the place of a drug, and it is simplistic at best to account for all drug use totally on the basis of availability. Indeed, this volume suggests that although availability is the essential underlying factor, it is not necessarily the most important factor in explaining why at a given time in a given culture an innovation in drug use occurs. As Falco (1976) suggests, factors affecting demand may be more important in determining nonmedical drug popularity than those affecting supply. In this regard, the amphetamine epidemics in Japan and Sweden and the development of cannabis use in Israel and Greece are instructive.

Amphetamine Use in Japan and Sweden

Although the first amphetamine was synthesized in 1887, it was not until World War II that they were extensively employed to increase efficiency in industries and the military. Amphetamines then began to be widely used following the war when they became increasingly available and were actively marketed as safe euphoriants, mental energizers, and cure-alls for such problems as depression, fatigue, and weight-reduction. Full recognition of their dependency liability and the adverse consequences of use emerged gradually thereafter.

For 25 years, epidemic outbreaks of amphetamine abuse have suddenly occured within technologically developed countries such as Japan, Sweden, the United States, and Great Britain. As pointed out, all these countries are similar in their emphasis on production and achievement, a condition which may underly the particular appeal of amphetamine. Ellinwood (1974:304*) also observes that in the Japanese, Swedish, and American experiences several common sequential factors were seemingly involved:

- An initaial oversupply of amphetamines that find their way into both the legal and illegal markets, often in injectable form.

- The initiation or inoculation of large segments of the population to amphetamine effects from their use for medical or recreational, or antifatigue properties.

- Widespread dissemination of knowledge and at times proselytizing of the amphetamine experience.

- The development of a core of chronic amphetamine abusers who establish a reliable illegal market for amphetamines.

- Increasing use of parenteral route of administration.

- Development of multiple "garage" laboratories manufacturing amphetamines to compensate for government curbs on legal supplies.

The first of these epidemics occurred in Japan. With the exception of tobacco in the 17th century Japan had never had any substantial drug problem until the early 1950's when a parenteral methamphetamine epidemic occurred as large amounts of the drug were dumped on the market and widely advertised. Brill and Hirose (1969) emphasize that this outbreak is one of the most important chapters in the history of drug dependence. Because methamphetamine was new to the country and there had never been a problem with drug dependence of any kind, the study of its development and the attempts to control it provide an ideal situation for the study of the impact of a drug and control attempts. The situation was aggravated by the hardship, dislocation, and rapid changes postwar Japan was undergoing. Oral use of methamphetamine (known as awakening drugs or wake-amines) spread throughout the country. Parenteral abuse first began among bohemians, cultural elites, students and nightworkers, but soon also became widespread, particularly among young urban delinquents. Successful control of the epidemic has been attributed to the severe legal restraints imposed on production and sale, which restricted their use to medical treatment and research. Vigorous education and treatment programs were also undertaken. Following the implementation of these measures, the epidemic did subside, but, as is discussed below, it is difficult to determine the exact influence of each of these factors.

As in Japan, Sweden had few problems with drug abuse (except for alcohol) until after World War II, when stimulant use began to increase (Rylander, 1969; Goldberg, 1970; Kihlbom, 1969). During the war, therapeutic consumption of amphetamine preparations increased noticeably among the general population. In 1946-7 there further developed in Stockholm a new type of recreational abuser among a narrow circle of bohemians, authors, actors, and artists; intravenous use developed among them around 1952 and then spread into the asocial and criminal population. Again it appears that this youthful drug use was influenced by widespread sociocultural changes (Sjöberg 1975). The Swedish experience and the various measures taken to regulate stimulant abuse have been the subject of considerable discussion. Brecher (1972*) views it as a prime example of how overreactions and extensive publicity engendered in the course of control attempts can actually help stimulate further drug abuse and trafficking. According to Bejerot (1975*), it demonstrates that once a drug subculture develops, strict legal controls over drug availability and use are necessary if an epidemic is to be prevented. He refutes the idea that exceptional publicity was given or that authorities over-reacted, arguing rather that measures against drug use were too little and too late so that when the diversion of medical supplies was finally stopped there were already a large number of addicts who were prepared to pay high prices for drugs smuggled in from abroad. The Swedish experience is particularly interesting as it included several discrete periods of time when policies varied in the amount of restrictions on the prescribing of stimulants. From 1940 to April 1965 a traditional restrictive drug policy was employed in which ambulatory prescribing of stimulants was extremely rare; from April 1965 to June 1967 a more permissive drug policy was applied which involved the intensive prescribing of drugs by about 10 physicians to more than 200 patients: many of the drugs were diverted to other users. July 1967 brought a return to the traditional restrictions and in January 1969 an extremely restrictive drug policy was employed which increased penalties for narcotic offenses and finally began controlling the outbreak, although it is still a serious problem today.

In both Sweden and Japan, an appealing drug was thus introduced with few controls and its therapeutic use widely promoted; recreational, intravenous use was then adopted by cultural elites who functioned as role models and finally became most pronounced among a young male, delinquent subculture. Widespread social change, and in the case of Japan a major social crisis, further helped to promote an increased receptivity to use of the drug throughout the country. These examples provide substantial support to Winick's (1974*) postulation that the incidence of drug dependence (defined as regular use) will be high in those groups in which there is (1) access to dependence-producing substances, (2) disengagement from negative proscriptions about their use, and (3) role strain and/or deprivation. Role strain refers to a felt difficulty in meeting the obligations of a set of expectations and behaviors associated with a specific position in a social system. Role deprivation refers to the reaction to the termination of a significant role relationship and loss of the occasion for behaviors associated with a role situation. Turning now to the spread of unconventional drug use in Israel, Greece, and other countries, we find a similar combination of factors in operation: (1) availability, (2) compatible effects or image, (3) a lack or undermining of negative sanctions, and (4) conditions of social change, instability, and stress.

Cannabis Use in Israel and Greece

Despite its position in the center of the hashish smuggling network of the Middle East, Israel experienced only limited hashish use before the 6-day War in 1967--a phenomenon which has been variously attributed to Jewish isolation and pride, the view that the drug was detrimental to the development of the new state, the stability of the Jewish family and kibbutz life, and the diversion of youthful energies into more constructive fields (Mayer 1975; Wislicki 1967). What use did exist was almost completely among the Muslim population and the youth of migrant families who came from areas where hashish use was accepted or were exposed to its use by association with Muslims in Israeli society. Both of these population suffered from severe strains rooted in unemployment, lack of education and cultural identification, poverty, and rootlessness. As Drapkin and Landau (1966) found, before 1966 over 90% of all drug offenders were poor laborers, born in countries of oriental culture and now living in the urban setting of Tel Aviv, with those most involved in other criminal offenses born in North Africa and largely in Morocco. Miller (1971) and Palgi (1975) conclude that when the children of large Eastern families became threatened by social failure due to sudden change after immigration, they entered a delinquent and drug-using subculture were they were united by a common feeling of exclusion from and resentment against the dominant culture; this subculture became the vehicle to overcome their lack of confidence. Ironically, Palgi (1975) found that while in Morocco, Jews generally resisted hashish use even though it was a widely accepted custom; it was only after they emigrated to Israel, where the environment was less conducive to use, that many adopted its use. Palgi argues that alcohol-using Jews in Morocco avoided hashish use because it "was not Jewish behavior" and would have brought them into the Muslim social network. In Israel, however, their traditionalism weakened as the need for differentiation decreased, and hashish use grew among the poorest families who did not find a place either socially or economically in the mainstream of modern Israeli life.

Again an innovation in unconventional drug use occured in a population as a result of a slackening of cultural controls and negative sanctions under conditions of considerable stress and dislocation. Turning now to the post-war period, we find the same variables, although to a lesser extent, promoted the spread of hashish use for the first time among middle- and upper-class Israeli-born youth. The susceptibility of Israeli youth to this innovative pattern of use was in part facilitated because the 6-day War undercut the stability of Israeli society and for the first time raised doubts among Israeli youth about the dominant culture and its values (Miller 1971). More important, normative sanctions were weakened following the war when cannabis-using Western youths streamed into Israel as volunteers, providing new role models which undermined the influence of traditional sanctions and legitimized hashish use to the general youthful population. In this respect, Western youths in Israel can be seen as playing the same role as did the bohemian and cultural avant garde in Sweden and Japan and the friendship network through which heroin use spread in Crawley, England (de Alarcón, 1969). In general, Shoham and his associates (1974) conclude in their study of drug attitudes among Israeli students that the "all-important" condition for involvement in drug use is the normative legitimation or nonlegitimation of such use and that actual supply, demand, and techniques of use may be secondary factors.

As in Israel, the traditional Greek resistance to hashish use appears rooted in religious and cultural factors (Stefanis, 1975). During the Byzantine period, the austere Christan atmosphere was not consistent with the use of cannabis as a euphoriant, and during the Turkish occupation, Greeks avoided it in order to help preserve their communal and cultural autonomy. Their basic euphoriant continued to be alcohol. When use did begin at the end of the 19th century, it was limited to immigrant, young, jobless working-class populations in the industrialized port cities where the drug was more available, social controls less strong, and the external influences from

Arabian and Western Europe were the greatest. Thereafter socioeconomic conditions and geographical centrality remain the key to the spread of hashish use in modern Greek society. Hashish use did not begin to spread throughout Greek society until the 1950's and 1960's when Greece began to industrialize and there occurred widespread immigration from rural to urban centers. Hashish use began to spread among the migrant, urban working-class population where unemployment, lack of education, and family instability were most pronounced.

Other Countries

Similar underlying factors are apparent in a number of other drug-using situations covered in this volume. Anumonye (1973) compared methaqualone (Mandrax) users and nonuser peers in Nigeria and found that what differentiated student users from nonusers were chance friendship patterns and more stressful backgrounds. Most users were introduced to the drug by a friend or at a party, where negative sanctions would be weak. Users showed more stressful backgrounds from academic pressures and parental expections. Most were from upper-class professional families and had been superior students in their early education but now had started to decline. Users also had in common a history of parental deprivation--broken homes, marital disharmony and illness. In Colombia (Elejalde, 1975), cannabis use before 1955 was limited to members of the lower social class without any occupations. Afterwards, it spread within the new, rapidly expanding university system and along the Atlantic Coast--both environments in which the traditionally strong cultural and religious controls were weakest; along the Atlantic Coast work was also very unsteady. Use was further facilitated by spreading reports of the drug's pleasant effects and by the lack of control by authorities. In Switzerland, following World War II, abuse of widely available and advertised analgesics rose rapidly among women suffering from psychosomatic pains rooted in emotional tensions created by the new multiple demands posed by migration to urban centers and factory jobs, in many cases in addition to the traditional duties of home and family (Kielholz, 1970). Finally, in the outbreaks of methaqualone use in Great Britain, Japan and Germany, the drugs were freely available, widely advertised, and praised as more effective and safer sedatives than barbiturates (Falco, 1976). In the case of Japan (Kato, 1969), the characteristic users were 15-year-old male students; it would appear their use was rooted in anxiety over their educational status, as at that age compulsory education ends and competition for admission to prestigious high schools is fierce, hence the popularity of sedatives.

An interesting contrast to these examples is provided by Norway. Retterstol (1975) found that adolescent drug dependence there seems to be less widespread than in other Scandinavian countries. This can be attributed to the absence of many of the conditions which had facilitated the spread of unconventional drug use in other countries:

(1) Norway has a more peripheral position and did not offer as large and interesting a market for drug trafficking. The drugs were not as available.

(2) Norwegians were more conservative, bulwarks of a religious nature were more prevalent, and the sobriety movement appeared stronger than anywhere else in Scandinavia. From the beginning Norway also had taken the most restrictive narcotics policy in Scandinavia. Thus both formal and informal negative proscriptions were greater.

(3) Norway had not yet undergone the urbanization and industrialization of other countries; internal dislocation was thus not yet as great as in other Scandinavian countries. No high concentration of youth in large cities existed.

Chronic Cannabis Use

As Rubin (1975*) discusses, there are two major cultural complexes which encompass the use of cannabis. The more familiar is what he refers to as the "marihuana complex"; it consists of primarily middle class, youthful exploitation of the mood-altering (psychedelic) potential of the drug. The other complex is a traditional folk stream which he refers to as the "ganja complex"; it is evident in India, Colombia, South Africa, Southeast Asia, Nepal, Morocco, Jamaica, and Pakistan. In these countries cannabis is cultivated on a small scale and daily utilized for a multitude of purposes, primarily among lower classes. It is used as a general euphoriant, as a symbol of fellowship, an energizer and invigorant, as a food, medicine and fiber, and as an economic crop. Much of this volume deals with this folk stream, with many of the studies drawn from the excellent anthology Cannabis and Culture. These studies provide us with a wealth of information about the role and effects of cannabis use among societies where it is acceptable and is consumed far more regularly and far more heavily than in the U.S.

The Jamaica research provides one of our most significant sets of data on chronic cannabis use and the ganga complex. Brought by East Indian indentured laborers to the island in the 19th century, ganja (Indian for cannabis) soon became used for a variety of purposes by rural and urban working-class populations. Today, Jamaica has what is probably the highest density of cannabis users of any country in the Western Hemisphere; an estimated 60-70% of the lower income section of the rural population--men, women, and children--are users. The heaviest users consume up to 10 times as much THC, the active principle of marihuana, and possibly 25 times as much, as is consumed in the U.S. Comitas (1975) describes the Jamaican pattern of use, cultivation, and distribution systems; Beaubrun (1975) examines medical and psychiatric findings, the differences between alcohol and cannabis users and how price effects the choice of intoxicant; Schaefer (1975) reports on the drug's effect on energy and productivity; Rubin (1975) examines the "vision" that sometimes occurs on initiation to use and the influence of cultural patterning; and, finally, Rubin & Comitas (1976) examine the history of legislation against ganja and its effects.

The results of this research and that of other investigations into chronic cannabis use indicate that the effects of marihuana are not only conditioned by historical and sociocultural variables but also that many of these effects vary considerably from those reported in the U.S., such as "alienation" and "amotivation" and escalation to other drugs such as heroin and LSD. As Weil (1972*) emphasized, marihuana use is an extreme example of a drug-taking situation in which the subjective influences of set (the expectations and attitudes of the user) and setting (the context in which the drug is taken) dwarf the influence of the drug itself. While certain effects are relatively free from subjective influences--such as heart rate and cognitive and psychomotor performance--it appears that marihuana arouses a heightened sense of awareness and that the way it is experienced and the behavior which results will be significantly determined by information gained from other people in a similar context. In other words, it is heavily conditioned by cultural expectations and social learning. For example, in both Zaire and Rwanda large amounts are consumed to achieve strong effects and bring courage and strength (Codere, 1975; Verbeke and Croin, 1976). In Zambia (Jones, 1975) and Jamaica, it is used more like alcohol in the U.S. at the end of the day to stimulate, facilitate confidence, and promote conversation. Schaefer (1975) illustrates that its use in Jamaica is associated with clear thinking, concentration, euphoria, well-being, and an increase in strength and energy. Contrary to U.S. reports, users do not report hallucinogenic experiences (Rubin, 1975) and they believe that the drug acts as a work stimulant rather than creating an amotivational syndrome. Indeed, Comitas (1975) argues that in Jamaica, as in probably all marihuana-using agricultural countries, cannabis permits the individual to face and carry out the most difficult and distateful manual labor. He concludes, "it could be argued that in certain types of non-industrial economies based on small-scale agriculture faced with difficult economical conditions and complex land tenure systems, marihuana use may well have positive social value." It should be pointed out that reports from some Eastern countries where heavy marihuana usage is chronic have claimed such use leads to brain and mental disorders, or even a specific type of psychosis (Soueif, 1971). However, controlled studies in Costa Rica, Jamaica and Greece have failed to find evidence for such damage and Khan et al. (1975) reports no physical or mental damage in Pakistan users after 20 years of consumption.

As Jones (1975) states regarding Zambia, different effects shown by different users can be attributed to the acquisition of different expectations than those acquired by Europeans; these expectations are then transmitted to each successive generation. A second significant component of the ganja complex is the social control mechanisms that surround its use. As Beaubrun (1975) and Rubin (1975*) conclude, the reason why ganja use works among the Jamaican poor is that the cultural rules surrounding its use are so well defined. Excessive use is frowned upon and youths are early socialized into its use by exceptable role models. Screening mechanisms have been developed which eliminate from use those who "have no head for it." This is a significant structural device in societies where nonsomokers are considered deviant, for it avoids ostracism and protects those individuals who may be psychologically vulnerable to its use.

Taken as a whole, the cross cultural research on cannabis suggest that the potentially adverse consequences of marihuana use that concern many in the U.S. may be reduced by permitting it use under similar informal social controls and altering expectations about its effects. However, far more research into these effects and informal control mechanisms and how they may be developed is necessary. A second critical issue is the extent to which the effects of marihuana which may be functional in agricultural societies may be dysfunctional in a complex, highly developed industrial setting.

Drug Control

Even more limited than our knowledge of the etiology of drug use is our knowledge of how drug use and abuse can be most effectively controlled. The history of ganja legislation in Jamaica illustrates the extreme difficulty in reducing the use of a drug once it is widely enjoyed (Rubin and Comitas, 1976). Sixty years of the most stringent legislation and one of the longest histories of attempted prohibition have failed to effect either cultivation or consumption. This legislative history illustrates that no law will be effective unless it appears rational and reasonable, and that the effects of stringent legislation may be worse for a society than the drug use itself. Principally, the Jamaican ganja legislation has succeeded only in aggravating mutual racial and class tensions and undermining respect for the law and the administration of justice. These laws appear to be based less on objective medical and social evidence of the adverse consequences of cannabis use than on class and racial fears. The nature and extent of use among Jamaicans never was seriously examined and debated, while the widely held concept that its use drives ordinary men berserk and the view of it as a practice of a dangerious minority were repeatedly raised to justify strict legislation. As we have seen, there is little factual basis for this view.

Lowinger (1972) attributes to the People's Republic of China considerable success in the irradication of China's centuries-old problem with opium use. This was apparently accomplished through land reform which ended opium cultivation, massive treatment and rehabilitation efforts, and, most important, changing the ideology of young people so that there was no new supply of addicts. The extent of this success and its applicability to the American situation is still debated.

The experiences of Britain, Japan, and Sweden in the control of their amphetamine outbreaks would seem to indicate that formal legislative controls can be effective when the drug in question is legal and controls can be placed on manufacturers and physician dispensers (Smart, 1976). Such action is most effective when it occurs, as in Britain, before the drug habit is widespread and a user subculture which would support an illegal drug market has developed (de Alarcón, 1972). Beyond this, it is difficult to draw any firm conclusions on the basis of the available evidence. In Japan the total effectiveness of the control effort was augmented by substantial treatment and education efforts, and there was a general improvement in the social conditions which had helped make this problem so widespread. Thus two underlying causative factors--the lack of negative proscriptions and the adverse sociocultural conditions--were eliminated. This suggests that the most effective policy would be one that attacks all three areas of availability, attitudes and normative sanctions, and social conditions. Much of the apparent success of the Japanese effort also appears to be rooted in the quickness and consistency with which they moved against the problem. Swedish policy underwent radical shifts. It may well be that this inconsistency helped prolong the Swedish stimulant problem and failed to engender needed normative sanctions against use. As observed, Bejerot contends the Swedish government did too little too late. On the other hand, Brecher (1972: 282-298) raises the question of whether in the periods of restrictive legislation the Swedish government and media did not over-react to the problem and help popularize its use. Falco (1976) raises the same issue in regard to methaqualone use in the U.S. She suggests that if the U.S. had taken into consideration the experiences of other countries and had imposed minor controls on misuse before the drug became widely publicized, the popularity of the drug would have been curbed and the subsequent public and political demand for dramatic action avoided. It should also be pointed out that amphetamine use appears to be recurring in Japan (Ishii and Motohashi, 1977), and that Brecher expresses considerable doubts in regard to the success of the Japanese legislation:

> "Japan successfully curbed this epidemic by law-enforcement methods--sweeping arrests, stiff prison sentences and curtailing supplies. If true, this marks one of the few victories of law enforcement over drugs in the history of drug use. No on-site review of the Japanese experience was found in the medical literature available in English. Nor have we found any cogent explanation of why law-enforcement methods that proved counter-productive in the United States, in Sweden, and in other countries--against other drugs as well as the amphetamines--proved so successful in Japan [p. 298]."

A related problem is what Brill and Hirose (1969) call "interlocking epidemiology" and the effect of restrictive legal controls on this phenomenon. It is likely that a very important relationship does exist among drug outbreaks which occur in succession in a country and that by some direct or indirect mechanism one form prepares the way for another. Therefore, careful observation must be directed to the examination of the onset course, and termination of each outbreak and to the comparison of one to another. De Alarcón (1972), Falco (1976), and Cohen (1972) show that a considerable element of faddism and unpredictable shifting from one drug to another exists.

After injectable methedrine was no longer available in England, users reverted to taking amphetamines orally or transferred their preference to cannabis, LSD, and hypnotics. The danger is that legal restraints on one drug will only stimulate use of other, possibly more dangerous drugs. Cohen (1972) argues that participation in a drug subculture in the Netherlands often goes with the use of several drugs, with higher frequency of use, and a higher appreciation of hashish. New users were recruited by friends who already belonged to the subculture. This implies that a climate of repression may only have deleterious effects because when the subculture is threatened, it will tend to become more cohesive and subcultural activities, as well as the use of heavier drugs, will increase. Many Japanese amphetamine users appear to have turned to heroin and LSD. Fifty percent of all heroin abusers in 1957 were former methamphetamine users; in 1964-1965, controls on heroin were followed by a rise of hypnotic and sedative use (Kato, 1969; Brill and Hirose, 1969 Ishii and Motohashi, 1977). In Sweden, the strict legislative policy of 1969 was also followed by a rise of LSD and heroin use.

Despite many unanswered questions and the difficulties of the effort, it is apparent that continued research into the experiences of other countries in drug use and control is one of the most fruitful areas of investigation to which we can direct our attention. Brill and Hirose (1969) and Falco (1976) particularly castigate the United States for failing to do this in the past; Brill and Hirose conclude:

> When we recall the massive Japanese experience of the early 1950's, and when we note that by 1953 and 1954 that country was engaged in an all-out struggle to control a tidal wave of methamphetamine abuse, it is almost incredible that still in 1958 and afterward there could have been serious debate in Britain, Sweden, and the United States as to the potential hazards of substances of this type [p. 188-189].

Hopefully by contributing to a great awareness and interest in the global drug phenomenon, this volume will help prevent similar situations from reoccurring.

G.A.A.

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I. *United Kingdom*

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PURPOSE

The history of notification, the epidemiology of narcotic addiction in the United Kingdom, and the characteristics of narcotic addicts were examined, based on a review of research studies and official statistics in the United Kingdom.

SUMMARY

History of Notification

Prior to the enactment of the Dangerous Drugs (Notification of Addicts) Regulations in February 1968, Home Office statistics were compiled on the basis of a routine examination of pharmacists' records. Before these new regulations were introduced, doctors were not required to notify addicts. The annual statistics reported before 1968 excluded those addicts in prison or abroad and, more important, those who obtained their drugs entirely from illicit sources. This system of recording began to cause a serious underrepresentation of the true nature of the problem. The extent of this underrepresentation is reflected in the sizable increase in the number of notifications immediately following the introduction of the new regulations.

At present, there are in the United Kingdom three primary sources of information regarding the characteristics of narcotic addicts. The first of these is statutory, the details of which are set down in the Dangerous Drugs Regulations. Secondly, on a voluntary basis, consultants notifying addicts are requested by the Department of Health and Social Security to complete an extensive questionnaire. Thirdly, the clinics are required at two-month intervals to check their current caseload against previous returns, and notify any changes.

Epidemiology of Narcotic Dependence

Before 1950, the number of people known to be abusing narcotics was relatively static, varying between 400 and 600. Those involved tended to be middle-aged, more often than not female, and disproportionately drawn from the medical and paramedical professions. In most cases, addiction had a therapeutic origin. In the 1960's there appeared an increase both in the number of people known to be addicts and in the tendency for addiction to be nontherapeutic in its origin; those persons involved tended to be younger and predominantly male. The drug preferred was heroin rather than morphine, and there were indications that other drugs were being increasingly abused.

Following the enactment in early 1968 of the regulations affecting the treatment and notification of addicts, there was a considerable and entirely predictable increase in the number of persons known to be dependent on narcotics. The number of addicts first notified as dependent on heroin in 1968 was 1,306, whereas the number first known to the Home Office in 1967 was 745. The number of new notifications did not abate until February 1970 and is currently on the order of 50 per month. By 1970, methadone was frequently the drug of primary dependence, probably reflecting the trend of the clinics to substitute methadone for heroin, and the consequent scarcity of heroin on the illicit market. The use of other drugs has also increased. The injection of methylamphetamine enjoyed a brief but devastating vogue until a voluntary restriction on its prescription resulted in its demise, at least temporarily. The use of barbiturates continues to be a cause for concern. As of 1973, approximately one-third of patients attending clinics for the first time and seeing a doctor received no prescription for opiates, at least initially; of those who received a prescription, only 16% received heroin. The system can no longer be regarded as a maintenance system, but rather must be described as an abstinence-oriented system.

Characteristics of Narcotic Addicts

Unlike the United States, where narcotic addiction has been linked to poverty and minority-group status, the socioeconomic background of addicts in the United Kingdom does not diverge significantly from the general population norm. Underachievement on the part of the incipient addict, however, appears to be a characteristic. Ethnicity does not appear to be a significant correlate of narcotic dependence in the United Kingdom. Most studies of known narcotic addicts show that the vast majority are born in Great Britain. It has been suggested that emigrating Canadians played a significant role in the development of narcotic addiction in the United Kingdom; however, there is no evidence that they were instrumental in creating the epidemic observed in 1967-68. On the contrary, they appear to have been a relatively self-contained group, known to one another but largely atypical of the average British-born addict. Contrary to what might have been supposed, West Indians and Indians do not appear to have contributed significantly to the development of narcotic addiction.

Regarding criminality, a significant proportion (about 50%) of notified addicts have criminal records that predate their drug use and do not involve the use of drugs. About 50% continue to engage in illegal pursuits of a type not closely related to their drug dependence, though they are at the time in receipt of a prescription. Although the amount of narcotics said to be needed by addicts on first attendance did not decrease over the 12 months of the intake period, the amounts prescribed decreased. It is obvious that the balance was made up from illicit sources. According to Stimson and Ogborne (1970), even when all the patients questioned were receiving heroin prescriptions, 84% were also using drugs obtained illicitly.

Dependence on narcotics has been consistently shown to be associated with leaving school at an early age, truancy, initial occupational instability, and precocious use of legal drugs. Addiction is also undoubtedly facilitated by living in particular areas and being involved in a friendship network that includes drug users. The addict population appears to be characterized by a high incidence of familial separation and disturbance.

Most observers agree that whereas the narcotics problem in the United Kingdom may have been contained, in the sense that the number of new notifications no longer approximates the epidemic proportions characteristic of 1967 and 1968, few addicts are known to have been abstinent from drugs for a prolonged period of time. A considerable number are known to be no longer in touch with treatment centers. Although a percentage of these are probably drug free, a significant proportion are undoubtedly still using narcotics obtained from illicit sources.

James, Ian Pierce. Suicide and mortality amongst heroin addicts in Britain. British Journal of Addiction, 62:391-398, 1967.

DRUG	Opiates
SAMPLE SIZE	39
SAMPLE TYPE	Heroin Addict Mortalities
AGE	Adults
SEX	35 Male; 4 Female
GEOGRAPHICAL AREA	Great Britain
METHODOLOGY	Statistical Survey
DATA COLLECTION INSTRUMENT	Official Records
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	12

PURPOSE

Between 1935 and 1953, the number of addicts on the British Home Office Index of Addicts declined progressively from about 700 to 290. Most of the addicts were individuals, middle-aged or older, who had acquired their addiction either in the course of medical treatment or from professional contact with drugs (i.e., they were doctors, nurses, chemists, etc.). After 1954, however, the number of addicts on the Index rose each year (to 753 in 1964). This alarming rise was caused almost exclusively by young heroin addicts who first became addicted from illicit sources of supply and who contrasted strongly with the former type of "therapeutic" addicts. The older therapeutic addicts were scattered throughout the country, and were generally secretive about their habit; the young nontherapeutic addicts, on the other hand, were usually of unstable personality background and mostly lived in London, mixing almost exclusively with each other. A study was made of the mortality rate of heroin addicts in Britain known to the Home Office Index during the period 1955-1964.

METHODOLOGY

Between 1955 and 1964, 450 new heroin addicts became known to the Home Office Index; of this number, 342 were still receiving heroin on prescription in 1964. All but 14 of the 450 had become addicted initially from illicit sources of heroin; among these 436 (321 males and 115 females), 39 died between 1955 and 1964. Information about these deaths was obtained from Home Office records and supplemented by hospital case histories, coroners' records and a variety of other sources.

RESULTS

Between 1955 and 1965, there were 35 deaths among male addicts and 4 deaths among female addicts. Thus, 10.9% of the male heroin addicts died; this death rate, equal to approximately 27 per 1,000 per year, was 20 times the expected mortality rate for a male population of similar age composition. The death rate among female addicts was considerably less (3.3%), but even so it was over five times the expected mortality rate.

Of the male addicts, five committed suicide and four others died in circumstances which indicated suicide even though an "open verdict" had been recorded at the inquest. All four died of a large overdose of a drug to which they were not actively addicted. Three of the suicides occurred while the subjects were in prison. The suicide rate among male heroin addicts was, corrected for age, over 50 times the expected rate for a normal population. Twelve males died from an apparently unintentional overdose of heroin, or of some other drug to which they were also addicted at the time. Heroin, alone or with cocaine, was responsible for 8 deaths, while methadone, morphine, or barbiturates (alone or with heroin) were implicated in 4 deaths. Fourteen male deaths were the result of other causes: 4 were due to septic conditions (unsterile self-administration of drugs), 3 were sudden deaths, and 3 were violent deaths. The mean age of death from narcotic overdose was 26.9 years, and that of suicide was 29.1 years.

CONCLUSIONS

The mortality rate among heroin addicts in the United Kingdom appears to be higher than that indicated by follow-up studies of narcotic addicts in the U.S., although the data are not strictly comparable. Advocates of the practice of prescribing a regular allowance of medical heroin for addicts have claimed that this protects them from the effects of dangerously adulterated illicit heroin which they might otherwise obtain. However, 16 of the study sample died from the consequences of the self-administered drug, and clinical objectivity demands that the wisdom of a therapeutic regime which, in effect, carries such a high mortality rate, should be questioned. It is suggested the primary aim of the treatment of narcotic drug addiction is continued abstinence from the drug, and any goal short of this must entail a considerably increased mortality risk.

James, I. Pierce. The changing pattern of narcotic addiction in Britain--1959 to 1969. International Journal of the Addictions, 6(1):119-134, 1971.

PURPOSE

Although the number of heroin addicts known to the British Home Office did not begin to rise until 1960 and did not reach epidemic proportions for several years, Spear (1969) described events--notably the theft from a hospital pharmacy and distribution of a large quantity of narcotics in 1951, and the evolution of a drug subculture in Soho in the 1950's--which antedated and may have predetermined the outbreak. A review of the literature was undertaken to determine the pattern of narcotic addiction in Britain from 1959 to 1969.

SUMMARY

Prior to 1960, over 80% of the narcotic addicts in Britain were of therapeutic origin, and under 15% were on heroin. The new narcotic addicts who emerged in London in the early 1960's were mostly young, male 80%, adults of unstable personality, who had become addicted to heroin as a result of nontherapeutic use of the drug. Groups of addicts spread heroin addiction to other young people who came into contact with them. Most were polyaddicts who used intravenous cocaine and other drugs in addition to heroin. As the epidemic progressed, more of the recruits were teenagers and the mean age of British addicts decreased. The proportion of addicts known to the Home Office under the age of 20 years went from 7% in 1963 to 35% in 1966. From 1965, an increasing number began to use intravenous methylamphetamine. Between 1960 and 1967 drugs were being prescribed in quantities greatly in excess of the addicts' requirements and in 1967 each prescription on average was supplying sufficient drugs to sustain two addicts. Although between 1960 and 1967 there were changes in the characteristics of the heroin addict population and in the drugs they used, the overall pattern of high dosage intravenous heroin/stimulant-drug misuse remained. In 1968, regulations were introduced requiring the statutory notification of narcotic addicts by doctors, and prohibiting the prescribing of heroin or cocaine to any addict, except by doctors specially licensed to do so. As a result, 2,782 narcotic addicts came to the notice of the Home Office in 1968. Of these, 2,420 were nontherapeutic addicts; 2,240 were on heroin when first notified; and 1,306 addicts were not previously known to the Home Office Drugs Branch. Three-quarters of the heroin notifications during the year came from Greater London, indicating heroin addiction was still predominantly a London-area phenomenon.

Two hundred male narcotic addicts over 21 years old were seen at a London remand prison between January and October of 1969. All were addicted to narcotic drugs on reception. Four of the subjects had been taking opium; all the others had been using heroin, methadone, or morphine. Of the 200 addicts, 55% had been using heroin, 7% cocaine, and not one was using methylamphetamine prior to reception. Two years before, 82% of a group of addicts studied had been on heroin, 36% on cocaine, and 90% on methylamphetamine. Twenty-two of the addicts were getting supplies of methadone or morphine from general practitioners or other doctors not licensed to prescribe heroin to addicts.

A number of individuals became addicted to methadone from nontherapeutic sources without having first been addicted to heroin. Many of the London narcotic addicts were intravenous methadone addicts, and a number of them had never used heroin to any great extent. Early in 1969 some addicts began to use Chinese heroin intravenously, and by March of 1969 a number of London addicts reported that they were using several fixes of Chinese heroin per day. Some would not touch it under any circumstances; others used it on occasion to supplement licit supplies; and a few used it regularly and in preference to English heroin. At the beginning of 1969, large numbers of London junkies started injecting barbiturates intravenously, and this swept through the addict population. As with the methylamphetamine epidemic a few years previously, some unstable young people who were not heroin addicts also adopted the habit. A high proportion of narcotic addicts continued to take oral amphetamines and cannabis, and a smaller proportion continued to use hallucinogens. The illicit use of LSD became more prevalent in Britain in 1965 and, in 1967, 36% of a group of 50 heroin addicts were found to have had experience with this drug. However, by the end of 1967, reports of LSD misuse had become rare, possibly because of the stricter control of the drug.

CONCLUSIONS

London junkies tend to mix almost exclusively with each other. Such groups are usually fluent at expressing their views and attitudes. At the same time, they are a highly unstable and delinquent group of individuals who are responsible for the spread of narcotic addiction in Britain. There has been increased support from psychiatrists and others favoring compulsory powers for the treatment of narcotic addicts, while there has been considerable public opposition to the establishment of rehabilitation hostels for addicts in the London area. The addicts are quick to regard any move for compulsory treatment or any public antagonism as a backlash. Clearly, there can be no single or simple answer to the British problem, but since 1968 there have been significant changes in the situation. There is no cause for complacency, but equally no reason for unjustified alarm.

Hitchins, Laura; Mitcheson, Martin; Zacune, Jim; and Hawks, David. A two-year follow-up of a cohort of opiate users from a provincial town. British Journal of Addiction, 66:129-140, 1971.

DRUG	Opiates
SAMPLE SIZE	63
SAMPLE TYPE	Heroin Addicts
AGE	Adults (mean 22)
SEX	53 Male; 10 Female
GEOGRAPHICAL AREA	England
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Interviews; Observations; Official Records
DATE(S) CONDUCTED	1969
NO. OF REFERENCES	7

PURPOSE

In a second-year follow-up, a cohort of 36 opiate users and 27 subsequent cases residing in a provincial town outside London were studied. The progress of individuals already using heroin, the occurrence of new cases, and the impact of changes in policy toward heroin users were observed. (For first-year follow-up, see Zacune et al., 1969.)

METHODOLOGY

Data on 63 subjects were obtained by means of individual interviews, observation, and local treatment clinic records at the end of 1969. The data were then compared to information obtained in 1967 and 1968.

RESULTS

The number of opiate users who were resident in the town at the end of each year had altered little. Emigration of drug users from the town balanced the number of new drug users. There were two main groups in terms of duration of residence in the town: 20 had lived there for less than 2 years; 33 had been resident for between 18 and 24 years, and had either spent their whole lives or the majority of their childhood in the town.

The proportion of subjects from professional and managerial family backgrounds (38%) was somewhat more typical of the local population than two years previously (19%). Fewer subjects were engaged in full-time work in 1969 than previously (25% in 1969, 36% in 1968, and 38% in 1967), although for the first time five were employed as housewives; and all seemed to be coping adequately in this role. At the time of follow-up, half were either unemployed, employed part-time, or in an institution. During the year, 13% were convicted of a nondrug offense, and 22% were convicted of an offense specifically involving breach of drug laws, forging of prescriptions, or stealing of drugs. These proportions showed no changes from the previous year. In all, 25% spent some time in custody, either on remand or serving a prison sentence.

Twenty-five percent of the sample were admitted to a hospital during the year, either for drug withdrawal or for treatment of drug-associated illnesses. Of these, 6 were hospitalized less than a month and 8 were hospitalized for 1 to 3 months. This frequency of hospital admission was approximately the same as in 1968.

A comparison of the frequency with which heroin was taken at the time of interview for each of the three years showed that a much smaller proportion of the subjects were using heroin on a regular basis at the end of 1969 than had been the case in the two previous years. In 1969, only 10% were daily users of heroin, compared to 48% in 1968 and 46% in 1967. For the original 36 cases reported on in 1967, it was possible to compare the frequency of consumption of various drugs for those subjects on whom information was available for 1968 and 1969. The data indicated that there was a significant decrease in heroin use ($p<.05$), a significant increase in barbiturate use ($p<.01$), a significant increase in amphetamine use ($p<.01$), and a significant decrease in cocaine use ($p<.05$).

Only five of the total group had been abstinent from opiate drugs throughout the whole year. Working full-time, or being employed as a student or housewife, were more frequently associated with abstinence; however, this was not statistically significant.

CONCLUSIONS

The decrease in the frequency of heroin consumption, both licitly and illicitly, reflects the deliberate local clinic policy of increasing firmness and slow pressure on the addict group to reduce its heroin use. A strict assessment policy, coupled with the increasing substitution of methadone for heroin, brought about this change together with a resolution by clinic staff that there would be maximum resistance to returning clients to heroin after hospital withdrawal. Whereas patients leaving a hospital during 1968 would often be prescribed for again within a few weeks of discharge, no one who had been hospitalized during 1969 was allowed to go back on heroin in the town. This led to a decrease in the numbers for whom heroin was prescribed, and a decrease in hospitalizations. For a time, with the decrease of heroin in the town, there was a considerable tension among the subjects, culminating in a few arrests and hospital admissions. At the same time, people injected other drugs, particularly amphetamine mixtures and barbiturates. This changing pattern of drug use in the town reflects both availability and fashion, and of these two it is probable that availability is the more important. Nevertheless, there seems to be an increasing trend to variety and individual experimentation among the drug-using population. Although this study involves an atypical group in terms of background and residence, the experience of this group is probably relevant to that of many other British opiate takers. The relative shift from heroin to methadone and sedative drugs has been observed in London, and the therapeutic problems of rehabilitating drug users are a common experience of all those involved in their treatment.

Spear, H.B., and Glatt, M.M. The influence of Canadian addicts on heroin addiction in the United Kingdom. British Journal of Addiction, 66:141-149, 1971.

DRUG	Opiates
SAMPLE SIZE	7,486
SAMPLE TYPE	Treatment (outpatient)
AGE	Cross-Age
SEX	Both Sexes
GEOGRAPHICAL AREA	United Kingdom
METHODOLOGY	Statistical Survey; Case Studies
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	7

PURPOSE

Of the many myths surrounding the current British "drug problem," one of the most popular is the belief that the increase in heroin addiction in the 1960's was largely the result of an influx into the United Kingdom, at the beginning of the decade, of a number of heroin addicts from Canada. This Canadian "invasion" was examined in order that its true significance in relation to the overall British drug scene may be better understood.

METHODOLOGY

Home Office records of 7,486 heroin addicts for the years 1958-1969 were studied, and interviews were conducted with Canadian addicts staying in Great Britain.

RESULTS

A few cases of Canadian heroin addiction were reported in Great Britain in the 1950's. However, the "invasion" really began in 1961, when a total of 14 addicts came to the United Kingdom from Canada. After a few months, more addicts arrived after hearing of the experiences of the original group. They came to London knowing the names, and sometimes the addresses, of addicts who were already there. The addicts already residing in London were younger addicts who appeared to have come for various reasons, such as to accompany their parents or to study, and whose addiction to heroin almost certainly was acquired in the United Kingdom. The peak of the "invasion" occurred in 1962 when almost 30 Canadians arrived, followed by a slightly lower peak in 1964 when about 18 arrived. The high influx in 1961 and 1962 may have been due to the fact that the United Kingdom introduced the Commonwealth Immigrants Act in 1962, under which, for the first time, a Commonwealth citizen could be refused entry to Britain, or deported if he got into trouble while there. According to the early arrivals, their "invasion" was born out of the belief, widely but mistakenly held in North America, that the British had solved the drug addiction problem, and was precipitated by proposals under discussion in Canada to provide for indeterminate prison sentences for convicted addicts. Many expressed the belief that they would be able to lead a normal (i.e., noncriminal life) in the United Kingdom and might even one day "kick" heroin.

Despite the fact that the immigrants professed to be seeking a new life in Britain, less than half of the 91 who came to the notice of the Home Office from 1958 to 1969 were known, or presumed, still to be in Britain. Of those no longer in Britain, 30 left voluntarily, while 10 were deported and 10 died. The reasons why so many returned to Canada were unclear; however, they complained that they experienced no "high" from the heroin which they lawfully obtained on prescriptions. Perhaps to some the loss of the "thrill" which had arisen in Canada out of both their sense of insecurity and the ever-present threat of arrest was too high a price to pay for a lawful supply of heroin. Of the 39 Canadian addicts still in the United Kingdom at the end of 1969, it was known that 23 were still taking heroin, on prescriptions issued by treatment centers; 3 were on methadone; 1 was using morphine; 5 were completely off drugs; 1 was in prison; and the condition of the remaining 6 was unknown.

CONCLUSIONS

While the Canadians did not cause the heroin epidemic in the United Kingdom, it is wrong to suggest that they had absolutely no influence on its development. The sudden appearance in their midst of a number of very experienced heroin users was hardly likely to pass unnoticed by the British addicts, few of whom could match the Canadians for length of addiction or firsthand knowledge of an organized criminal black market in drugs. Some of the older Canadians did try to remain aloof from the general British drug "scene," but as both groups often shared the professional services of the same doctors and pharmacists, there was inevitably a good deal of contact between them. Undoubtedly the Canadians, whose average daily rate of supply was in the main higher than that of their British counterparts, contributed to the black market pool of surplus heroin, but there was no evidence to suggest that their contribution was greater than that of the British addicts who had been responsible for the addiction of 85 new heroin addicts to Home Office records in the period 1954-1960.

Zacune, Jim; Mitcheson, Martin; and Malone, Sarah. Heroin use in a provincial town--One year later. International Journal of the Addictions, 4(4):557-570, December 1969.

DRUG	Opiates
SAMPLE SIZE	50
SAMPLE TYPE	Heroin Addicts
AGE	Adults (mean 21)
SEX	42 Male; 8 Female
GEOGRAPHICAL AREA	England
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Interviews; Official Records
DATE(S) CONDUCTED	1968
NO. OF REFERENCES	9

PURPOSE

To conduct a four-year study of heroin users, an Addiction Research Unit was established in a provincial town outside London. The progress of individuals already using heroin, the occurrence of new cases, and the impact of changes in policy toward heroin users were observed.

METHODOLOGY

Information was obtained on 37 heroin users first surveyed in 1967 and an additional 14 who were known to have used heroin in 1968. Wherever possible, subjects were administered questionnaires which assessed the subjects' work status, residence, drug use, delinquency, and general social functioning during the past year. Altogether there were 42 males and 8 females, whose mean age was 21.

RESULTS

Original Sample

One-year follow-up data were available for 36 of the original 37 subjects. Regarding drug use status, it was found that 16 subjects were currently using heroin daily and 12 subjects were using heroin on an irregular basis. Two subjects were institutionalized in hospitals and six were no longer using heroin. Of the six subjects who were currently off heroin, four were daily users in the original survey. Three of these users were successfully withdrawn and treated as hospital inpatients, and one had withdrawn on an outpatient basis. The remaining two subjects were irregular users at the time of their first assessment; one had married and discontinued heroin use, and the other had given up heroin during an illness. Of the six subjects who were currently heroin-free, two had not used heroin for a year; one had not used it for five months; and the other three had not used it for three months up to the time of the study.

The follow-up data indicated that 16 of the subjects were employed, 14 were unemployed, 4 were students, and 2 were institutionalized. This compared to the 14 employed, 9 unemployed, 7 students, and 7 institutionalized subjects found in the original survey. The jobs held after a year were still generally unskilled or semiskilled, and there were frequent job changes. The data also indicated that the sample had not been involved in a great deal of delinquency in the previous year. Five subjects had had one conviction and one subject had had two convictions during the year; most of these were for violation of various drug laws.

New Sample

Seven of the 14 newly discovered users were resident in the town previous to the initial investigation. Three subjects in this group started their drug use principally in amphetamine-using subcultures and had been involved in more serious delinquency (i.e., had had more convictions) than the original sample. Five subjects from outside the town who had known each other prior to their arrival formed a separate friendship group, although they had a good deal of contact with heroin users already resident. They came to the town after having contact with a member of the original sample who suggested they do so.

Impact of Recent Legislation

In 1968, a new law was implemented which restricted the prescription of heroin to doctors specially licensed by the Home Secretary and who practiced in specified hospital special treatment centers. During the study year, when the new legislation came into effect, general practitioners were making an effort to get people using heroin away from black market sources. As a result, in contrast to the original survey, the regular users of heroin were now receiving a legal supply of the drug. Following the new policy, the total amount of heroin being used in the town increased because users no longer had to be dependent on the fluctuations of the illicit market and could receive reliable regular supplies by prescription.

As of April 1968, the only legal source for supplies of heroin in the provincial town was the Containment Unit. This Unit had a considerable impact on the group of heroin users identified in the first survey. Friendship patterns, previously established to organize and obtain supplies, broke up. It would appear that much of the previous meeting and interaction was based on drug need, rather than the satisfaction of interpersonal needs.

CONCLUSIONS

While the total number of daily heroin users had not risen since the original survey, it would be impossible to assess change in the total pattern of drug use in the town. Certainly there had been abuse of other drugs which present similar serious problems. The concentration of treatment on heroin users may not only exclude those who need help badly, but may handicap the early detection of drug problems.

Zacune, Jim. A comparison of Canadian narcotic addicts in Great Britain and in Canada. Bulletin on Narcotics, 23(4):41-49, 1971.

DRUG	Opiates
SAMPLE SIZE	25
SAMPLE TYPE	Opiate Addicts
AGE	Adults (22-53)
SEX	20 Male; 5 Female
GEOGRAPHICAL AREA	Great Britain
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	1969
NO. OF REFERENCES	17

PURPOSE

Because Canada and Great Britain have different medical and legal approaches to the control of drug addiction, a group of 25 opiate addicts who had lived in both countries were studied to determine the social consequences that follow from a particular national response to drug addiction.

METHODOLOGY

The survey was an attempt to interview persons who had become addicted to narcotics in Canada and now were living in Great Britain. An initial search was made of the records at the Home Office of known addicts; all persons whose addiction originated in Canada and who agreed to be studied were interviewed. The interview gathered information on the subjects' personal and social backgrounds, their reasons for coming to Great Britain and staying, their criminal involvement, their work history, their interaction with other addicts, and their drug use history.

RESULTS

The sample consisted of 20 male and 5 female subjects. All but two were Canadian-born. Their average age was 40.8 years, with a range from 22 to 53 years. The sample had been in Great Britain for an average of 5.8 years with a range of 6 months to 10 years.

Regarding work record in Canada, of the 20 male subjects, only one claimed to have worked steadily in Canada while addicted. Two males were musicians and the remaining 17 had had only intermittent employment. Of the 5 females in the study, 2 had worked briefly as secretaries, 1 was a telephone operator, 1 was a student, and 1 was a housewife. While in Great Britain, 13 of the subjects held full-time employment; 4 were part-time employees; and 8 were either unemployed or had an irregular employment pattern. Those employed full-time had held their present job between six months and seven years. Seven subjects had semiskilled or skilled manual jobs; 2 were employed in offices; 1 had a sales job; and the remaining 3 were a croupier, a housewife, and a student.

While in Canada, the sample had a long record of convictions. The average number of offenses for which a conviction was obtained was 7.3, with a range of 0 to 25 convictions. Only two of the sample had not been convicted. The total number of offenses committed by this sample while in Canada was 182 (88 thefts and 59 drug possession cases made up most of the arrests). The sample spent a total of 141 years in prison in Canada, an average of 6.75 years per person. In Great Britain, 13 of the sample had had convictions and 6 had been to prison for a combined total of 2 years and 5 months.

While in Canada, the sample had obtained their supplies illicitly, as there were no experimental methadone maintenance programs at that time. When they were not in prison, the subjects always bought heroin from criminal sources. On arrival in England, the Canadians knew where they might get prescriptions; eighteen had the name and address of a physician before arrival. In England, all the subjects had had a nearly constant legal supply. All subjects denied having hospital treatment for drug withdrawal while in Canada. In England, 10 subjects had had treatment in mental hospitals for their drug addiction.

Subjects most frequently stated that they came to Great Britain because they had spent too much time in prison, or were frightened that they would be sent there (76%); the next most common reasons for the move to Great Britain were that drugs could be legally obtained in the United Kingdom (68%), and that addicts had heard a lot about the way addicts were treated in England (60%). Subjects were asked to state the major differences they saw between Canada and England. The most common response was that they could "lead normal lives" (64%) and that drugs were legal (60%). In addition, subjects said there was less trouble from the police, they did not need to live in fear, that they could work and live like "humans," there was no need to steal, and that "things were easier."

CONCLUSIONS

Although this sample represented less than 3% of the Canadian addict population and a small proportion of all addicted Canadians who at one time were in Great Britain, there does seem to have been a difference in social functioning for this sample in the two countries. The Canadian system imposes criminal status upon the opiate user through strict enforcement of laws. With virtually no legal source of heroin available, the addicts had to resort to criminal activity to support their habit. The findings on convictions and imprisonment in Canada as well as the inability of subjects to hold a legitimate job in Canada support this view. In Great Britain, the availability of a legal supply of heroin from a physician means that criminal activity is not a necessary consequence of addiction. However, this only means that the alternative of leading a "useful" and fairly normal life exists; it does not mean that all people will choose this alternative. For those who remain in England, there has been less frequent prosecution and imprisonment, a greater ability to work, more opportunity for stable accommodation, no necessary involvement in the illicit drugs market, and more willingness to have voluntary hospital treatment.

Stimson, Gerry V., and Ogborne, Alan C. A survey of a representative sample of addicts prescribed heroin at London clinics. Bulletin on Narcotics, 22(4):13-22, 1970.

DRUG	Opiates
SAMPLE SIZE	111
SAMPLE TYPE	Treatment (outpatients)
AGE	Adults (mean 24.6)
SEX	84 Male; 27 Female
GEOGRAPHICAL AREA	London, England
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	March-November 1969
NO. OF REFERENCES	14

PURPOSE

Reports on the epidemiology of heroin abuse in the United Kingdom have either given basic information on the total population of known users, or have presented the results of more detailed investigations of special subgroups. There is clearly a need for further information on the population at large; an attempt was made to do this by studying a random sample of addicts for whom heroin was prescribed at London clinics. Because not all addicts are the same, the study was designed to examine the nature and extent of interaddict differences.

METHODOLOGY

A total of 111 addicts attending 15 London clinics were randomly selected for study. Eighty-four were male and 27 were female. Their mean age was 24.6 years. All subjects were interviewed between March and November of 1969 to obtain information on aspects of the addicts' current life situation, including work record, pattern of drug use, conditions of drug use, ability to care for oneself, involvement in criminal activities, and involvement with other addicts. Attitudes and indices of behavior prior to drug use were also obtained.

RESULTS

Eighty-four of the subjects were born in England or Wales, 4 came from Scotland, 13 came from Northern or Southern Ireland, and 10 were born outside of the British Isles, including 3 in America and 4 in Canada.

Thirty-nine percent of the subjects reported working full-time. An individual's current state of employment was not necessarily transitory; those currently employed were very likely to have worked for 12 or 13 of the previous 13 weeks, and those currently unemployed had for the most part not worked at all during this period (p<.01). Those subjects currently in full-time employment compared to all others had worked for a greater proportion of the time since they began using heroin (p<.01). Twenty-two percent of the subjects reported that their own earnings were their sole means of support during the month prior to the interview, and 38% reported that at least one of their means of support was illicit, e.g., shoplifting, stealing, or selling drugs. Forty-nine percent of the subjects claimed to know 40 or fewer addicts; they were less likely to claim addicts among their close friends than those who knew 41 or more addicts. Twenty-five subjects claimed to have no friends who were not using drugs of some sort.

All subjects were receiving heroin by prescription. In addition to heroin, 91 were receiving methadone by prescription, and 51 were similarly receiving a sedative or hypnotic drug. The majority of subjects reported some illicit use of drugs in the month prior to interview; all but 18 subjects were using one or more drugs illicitly during that period. The mean age of onset of drug use was 16.8 years, with a range from 11 to 40 years. The mean age for first use of heroin was 19 years, with a range from 14 to 48. Ninety-one percent had used heroin before they were 25. Since their addiction, 32% had never been abstinent from heroin, 27% had been abstinent only once, and the remainder had been abstinent two or more times. Hospitalization for reasons connected with drug use had been experienced by 72 subjects (67%) at some time, and in 14 cases this had occurred in the three months prior to the interview.

Forty-seven subjects (43%) reported that they had been convicted of an offense under one of the Drugs Acts. Fifty-six (51%) reported a conviction for a nondrug offense before their first use of heroin; 40 (36%) reported such a conviction since using heroin. Twenty percent of the subjects reported no criminal activity in the three months prior to the interview; 36% reported committing drug offenses, and 34% reported committing other crimes. Separation from both parents for a period of a year or more prior to the age of 16 was reported by 22% of the sample. A further 25% had been separated from one parent only, usually the father. Sixty-two percent of the subjects left school at the age of 15 or younger. Minor truancy while in school was reported by 44% of the subjects; 14% reported excessive periods of absence through truancy; and 13% reported that they were known as "troublemakers."

Current work status and involvement with other addicts were significantly related to other behavior. Subjects who were currently employed and who knew less than 40 addicts were less likely than those currently unemployed or who knew more than 41 addicts to: run out of heroin before the next prescription was due; be prescribed larger amounts of heroin; misuse the drugs prescribed; use more drugs illicitly; be rated as unconventional in appearance by the interviewer; and to have had physical ailments in the three months prior to the interview.

CONCLUSIONS

The "stable" addict has been described by Schur (1963) as a person who is likely to be working, and who is uninvolved with other addicts and criminal activities. In the present sample, the high incidence of illicit drug use means that the number of addicts who are stable in terms of the drugs they use is small; only 14 cases could be so described. However, perhaps the relatively crude criteria used above may not be the most important when assessing stability. Others in the sample are not necessarily leading chaotic lives and, for many, illicit drug use--even if it occurred in the month previous to interview--was a rarity and may have been the only criminal activity they had entered into. The factors that contribute to the adoption by addicts of particular patterns of adjustment need further investigation.

Ogborne, Alan C., and Stimson, Gerry V. Follow-up of a representative sample of heroin addicts. International Journal of the Addictions, 10(6):1061-1071, 1975.

DRUG	Opiates
SAMPLE SIZE	128
SAMPLE TYPE	Treatment (outpatient)
AGE	Adults
SEX	Both Sexes
GEOGRAPHICAL AREA	London, England
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Home Office Records
DATE(S) CONDUCTED	1973
NO. OF REFERENCES	19

PURPOSE

A follow-up study of a representative sample of heroin addicts who were being prescribed heroin at London Drug Dependency Treatment Centers was undertaken to determine their current addiction and social status.

METHODOLOGY

This investigation was a follow-up to an earlier study conducted in 1969 which involved a 1-in-3 sample of all addicts for whom heroin was prescribed on an outpatient basis. Data for the follow-up study were obtained from Home Office records. For the majority of the 128 subjects, the time from the first study to the follow-up was from 3.5 to 4 years. Outcome status variables included: prescribed heroin, prescribed methadone, dead, in prison, off drugs.

RESULTS

Older patients were significantly more likely still to be prescribed heroin in 1973 ($p<.01$), and there was a greater likelihood of older subjects attending clinics in 1973 ($p<.10$). Compared with other age groups, those aged 31 or over were somewhat less likely to be classified as off drugs; however, this difference was not significant.

In the 1969 survey, respondents were questioned on a variety of issues, including their drug use, work status, criminal activities, friends, and general lifestyle. As a result, respondents were classified into four groups:

(1) The Stables, who compared to the other groups had suffered the fewest social and physical complications of addiction. They worked, and had legitimate incomes. They avoided other addicts and tended to use their drugs at home, alone. They had the lowest rate of criminal activity; they led conventional lives.

(2) The Junkies were the opposite of the Stables. They did not work; they supported themselves by stealing and hustling. They were highly involved with other addicts. Their drug use was carried on in public places, and was a social activity. They reported a high incidence of criminal activity and convictions, and were generally unkempt and unconventional.

(3) The Loners were distinguished by their low rate of criminal activity, low involvement with other addicts, and support from Social Security benefits. They had unstable living arrangements and were of unconventional appearance.

(4) The Two-Worlders, like the Junkies, had a high rate of criminal activity and were involved with other addicts. However, like the Stables, they were employed, had legitimate incomes, and were residentially stable.

As of 1973, the Stables showed the least change of all groups. They were the group that was most likely still to be prescribed heroin. Fifty percent of the Loners and 40% of the Two-Worlders were reported to be off drugs, and in the case of the Loners, this percentage was significantly higher than that for the Stables and Junkies ($p<.01$).

Overall, the majority of the sample had not, over the 3.5 years since being interviewed, achieved lasting abstinence in the community. In fact, 65% were dead, in prison, or in receipt of opiates from Treatment Centers.

CONCLUSIONS

The fact that older addicts were more likely to attend Treatment Centers at follow-up, and were less likely to be off drugs, is in direct contrast to expectations derived from studies from the United States. Consistently, these studies have reported a greater abstinence rate for older patients. However, the results of this study should not be interpreted as evidence for or against Winick's "maturation" hypothesis, since the average age of the current sample was under 30 even at follow-up, which is younger than the critical "maturity" age generally selected for testing Winick's hypothesis. The question to be addressed here is whether the British system of prescribing and treating from Treatment Centers helps to perpetuate dependencies which might, in other conditions and settings, have been more limited.

Bewley, Thomas H.; James, Ian Pierce; Le Fevre, Clinton; Maddocks, Peter; and Mahon, Thomas. Maintenance treatment of narcotic addicts (Not British nor a system, but working now). International Journal of the Addictions, 7(4):597-611, 1972.

DRUG	Opiates
SAMPLE SIZE	491
SAMPLE TYPE	Treatment (inpatient); Treatment (outpatient)
AGE	Adolescents; Adults
SEX	413 Male; 78 Female
GEOGRAPHICAL AREA	England
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	13

PURPOSE

In 1965, when uncontrolled prescription of heroin had resulted in a marked increase in the number of known opiate addicts in the United Kingdom, an Interdepartmental Committee made its recommendations for change. In 1968, notification of addiction to controlled drugs became compulsory, and the prescription of heroin or cocaine to an addict could only be made by a specially licensed doctor. At this time, the Department of Health set up a number of special clinics, mostly in London, to treat opiate addicts. The effectiveness of the programs was determined by assessing the first two years of operation of three such treatment clinics. In evaluating the programs, since abstinence as a goal was unlikely to be achieved in any but a small minority of cases, it was necessary to evaluate how patients functioned.

METHODOLOGY

The histories of 491 opiate addicts who had attended the outpatient clinics at St. George's and St. Thomas' Hospitals, and the inpatient unit at Tooting Bec Hospital, were reviewed. Data were obtained on nationality, sex, race, social class, marital status, and age. Case notes were reviewed more thoroughly in every third case, where information on employment, association with other addicts, and criminality were assessed. One- and two-year follow-up data were available for 397 patients who first attended the three clinics in the first year of their existence.

RESULTS

Of the 491 opiate addicts attending the three clinics, 80% were British, 97% were white, 84% were single or separated, 71% were under 25 years of age, and 78% were unemployed when first seen. Eighty-three percent associated with other addicts, and 71% had criminal records (67% of which antedated opiate use). Follow-up at one and two years of all those (397) attending the first year showed that 52% were still attending clinics, 18% were off drugs, 12% were in prison or hospital, 2% were dead, and 16% had some other outcome. Of those attending, 40% were working and 60% were occasionally using drugs other than those prescribed.

There was some evidence that the establishment of special clinics had a limited success in containing the drug addiction problem. The price of heroin and methadone on the black market increased significantly. Following the setting up of clinics, it was both more expensive and less easy to become addicted. The number of new cases of dependence on opiates in 1969 was only 3.5% higher than in 1968, whereas previously there had been a 50% yearly increase. In 1969, 1,201 more addicts took methadone and 823 fewer took heroin. A comparison of three months before attending a clinic with a period of three months after the patients had been attending for a year showed significantly lower arrest rates in the second period ($p<.001$). Also, the number of addicted prisoners admitted to a London area prison declined steadily for two years after clinics were started. An average of about 20 addicts were admitted per month during 1968 compared to an average of about 13 in 1970.

CONCLUSIONS

The study confirmed that the establishment of special clinics to prescribe for opiate addicts has had some limited success. There has been a decrease in availability of opiates on the black market and a decrease in the rate at which new cases are seen. Among those attending clinics, there has been an increase in the number working and a decrease in the number being convicted. Although there are difficulties in prescribing opiates for addicts, the desirable results still outweigh the defects.

Blumberg, Herbert H., et al. British opiate users: II. Differences between those given an opiate script and those not given one. International Journal of the Addictions, 9(2):205-220, 1974.

DRUG	Opiates
SAMPLE SIZE	170
SAMPLE TYPE	Treatment (outpatient)
AGE	Not Specified
SEX	80% Male; 20% Female
GEOGRAPHICAL AREA	London, England
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	23

PURPOSE

In an earlier study (Blumberg et al., 1974), which described the characteristics of opiate addicts attending clinics in the greater London area, two subgroups were delineated: one included respondents who were ultimately given an opiate script (the "Script Group"), and the other included those who were not (the "No-Script Group"). The differences between the two groups were further explored in the present investigation.

METHODOLOGY

Subjects consisted of 134 male respondents, 61% of whom were in the Script Group, and 36 female respondents, 75% of whom were in the Script Group. Interviews were conducted with all subjects, and information was obtained on education, employment, illegal activities, contact with social agencies, friends, drug use history, and attitudes. The Script Group consisted of people who were started off on a regular opiate script; nearly all of these had produced an opiate-positive urine specimen during their assessment at the clinics. The No-Script people consisted of those who did not receive one or more prescriptions (to cover at least about 8 days) for heroin and/or methadone; most of these people did not produce an opiate-positive urine during clinic assessment.

RESULTS

A trend was observed in which older respondents were more likely to be in the Script Group than younger respondents. However, age of first fix was not substantially related to whether a respondent was in the Script or No-Script Group. Birth place and family background also did not differentiate the two groups. People in the Script Group had worked an average of 31 weeks in the year preceding the interview, and those in the No-Script Group an average of 22 weeks.

Regarding attitudes, the No-Script Group tended more than the Script Group to take a negative and passive view of things. There is the possibility that in some cases this "negative passive view" might have been a response to the script decision itself. Among those items which yielded consistent significant differences between the Script and No-Script Groups ($p<.05$) were: "Heroin/Physeptone makes me better able to concentrate" (Script Group); "Most people who fix regularly are unable to face up to difficulties" (No-Script Group); "Most people who fix regularly find the world almost too bewildering" (No-Script Group).

The Script Group reported being acquainted with more people who had fixed than did the No-Script Group. While the largest number of respondents in both the Script and No-Script Groups were living with their families, the remainder of the Script Group tended to live with a cohabitee, while the No-Script Group tended more to live only with other nonrelatives. Of those with no drug convictions in the past year, 63% were in the Script Group; only 46% of those with at least one such conviction were in this group.

Members of the No-Script Group claimed to make more frequent use of amphetamines, tranquilizers, and psychedelics than did the Script Group. The Script Group were more likely than the No-Script Group to indicate that they were using more methadone at the time of the interview than at the time 12 months prior to the interview. Eighty percent of the Script Group subjects claimed to have been spending more than 10 pounds per week on drugs, compared to only 45% of those in the No-Script Group.

While most respondents in both groups said there was no "pressure" from family, doctor, or friends to come to a clinic, a significantly higher proportion of respondents in the No-Script Group did in fact say that there had been pressure from their doctors.

CONCLUSIONS

The particular contribution of the present study is that it provides information on that little-studied group of people who, while notified by the clinics, are not prescribed opiates by the clinics and who, in some cases, because of the dissatisfaction they express with the clinic system, are unlikely to stay in contact with clinics. One of the ways that the No-Script Group was differentiated from the Script Group was in terms of their use of barbiturates; it appeared that the No-Script Group had a lack of access to opiates. This No-Script Group was also more often unemployed and engaged in illegal activities. It might be argued, although the data available do not unequivocally demonstrate this, that the fact that the No-Script Group did not receive a prescription for opiates may be partly a result of, and partly cause the furthering of, their illegal activities, their unemployment, and also their injection of barbiturates. One can only wonder whether the decision not to prescribe in all cases where a negative urine is found is functional. It may be, of course, that the alternative of prescribing opiates to some individuals who have no opiates in their urine is an even less desirable alternative. Clearly, more research is needed regarding the identification of opiate use among those who would, under present circumstances, be refused an opiate script.

Noble, Peter J. Drug-taking in delinquent boys. British Medical Journal, 1:102-106, January 10, 1970.

DRUG	Multi-Drug
SAMPLE SIZE	67
SAMPLE TYPE	Incarcerated
AGE	Adolescents (13-17)
SEX	Male
GEOGRAPHICAL AREA	London, England
METHODOLOGY	Retrospective
DATA COLLECTION INSTRUMENT	Interview; Questionnaire; Case Data
DATE(S) CONDUCTED	1965 - 1969
NO. OF REFERENCES	8

PURPOSE

The personalities, family relationships, and subsequent drug careers of 67 boys denoted as hard or soft drug users were compared.

METHODOLOGY

The sample consisted of 67 young males who were known drug takers and who were admitted to a London remand home for the purpose of court reports during 1965-1967. The sample was selected by a procedure of noting those males overtly admitted for drug offenses and by identifying additional subjects through a review of medical and psychiatric records. The soft drug group contained 47 subjects of which 43 were charged with illegal possession. The 20 subjects in the hard drug group were all intravenous narcotic users, 9 of whom were charged with a drug offense.

The basic format of the study was that of a retrospective survey. Data were obtained from: notes of a probation officer, psychiatrist, social worker, and psychologist; teacher assessments; house-staff reports; health reports specially prepared for drug takers; and a school report on each subject. Further inquiries to the above sources were made where there was insufficient data. To facilitate quantification of data a standardized item sheet was constructed and scored for each subject.

RESULTS

Drug Usage

Amphetamines predominated in the soft drug group, and most amphetamine users also smoked marihuana on occasion. Some other soft drug users admitted to the use of barbiturates and tranquilizers when the drugs were available. None of the soft subjects admitted to injection as the mode of drug administration, or to the use of narcotics or methedrine. Eighteen subjects in the hard group predominantly used heroin, in conjunction with cocaine; two subjects admitted to taking cocaine only. Other drugs listed included cannabis, amphetamines, and methedrine.

Social Characteristics

Little difference was found between the social classes of the members of the two groups. There was fairly equal distribution between the professional, intermediate, skilled, and partly skilled classes. Few from either group came from families in the unskilled or professional classes. Boys in both groups were closely matched for age, with the mean age of the soft group being 16.10 years and of the hard group being 16.13 years. Intelligence testing was performed on 55 of the boys. Fourteen of the hard group exhibited a mean I.Q. of 104.6 and 41 of the soft group 104.5. Thirty-six of the soft group reported previous convictions as compared to 17 of the hard group. Occupational records and behavioral and work reports by house staff and teachers were worse for the hard group than for the soft group.

Personality

The incidence of personality abnormality was significantly higher in the hard than the soft group. Incidence of problems in the former was found to be 95% and included more severe disturbances. In the latter group, the incidence reported was 59.6%, but was generally characterized by less severity. Concerning the effects of drug taking on personality and psychiatric abnormality, it was found that 90% of the hard group and 46.8% of the soft group showed previous personality abnormality. Further, 40% of the hard group and 12.8% of the soft group had previous psychiatric disturbances.

Family Patterns

The hard group demonstrated a greater percentage of disturbance in family relationships than did the soft group. On six measures of child/mother and child/father relationships, the hard group showed a greater percentage of disturbances.

The hard group had a total of 41 siblings with a mean of 2.05 per subject and a mean age of 12.66 years, as compared to 125 siblings for the soft group with a mean of 2.64 per subject and a mean age of 14.73 years. A significant difference was found between convictions and known violations of siblings, with those of the hard group subjects having the larger percentage.

CONCLUSIONS

The narcotic takers studied here did not correspond to the American stereotype in which narcotic taking occurs predominantly in minority and recent immigrant groups living in poverty and urban squalor (Chein et al., 1964). None of the hard group was immigrant; and, in the case of the soft group, their homes were generally materially adequate and their parents came from a middle-income status level. These narcotic takers were characterized not by differences in race, class, or material circumstances, but by the higher incidence of disruption in the family and psychiatric morbidity in the parents, leading to a child with an abnormal and vulnerable personality and poor interpersonal relationships and work record.

Follow-up indicated that 11 of the hard drug users were subsequently known users of narcotics, while 9 of the soft group were reported to be on narcotics later. The risk of progression to narcotics use is significant and should be viewed with extreme caution.

Barnes, Gill G., and Noble, Peter. Deprivation and drug addiction: A study of a vulnerable sub-group. British Journal of Social Work, 2(3):299-311, 1972.

DRUG	Opiates; Other Drugs
SAMPLE SIZE	90
SAMPLE TYPE	Delinquent Girls
AGE	Adolescents (mean 16)
SEX	Female
GEOGRAPHICAL AREA	London, England
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Interviews; Official Records
DATE(S) CONDUCTED	1970
NO. OF REFERENCES	18

PURPOSE

Until recently, there has been little information to substantiate arguments for or against the belief that there is a correlation between the use of nonnarcotic drugs, such as cannabis or amphetamines, and subsequent narcotic use. Unfortunately, the debate about the relative harmlessness of the potential dangers of cannabis use sometimes obscures the more vital issue of defining those vulnerable people whom the exposure to drugs of any kind is likely to harm. In order to learn more about this vulnerable minority, girls at a London remand home were studied.

METHODOLOGY

With the cooperation of the remand home staff it was planned to look into the background of a number of girls, all of whom had taken soft drugs and some of whom had progressed to narcotic use, and to define as precisely as possible, in a retrospective survey, the characteristics of those who progressed. A total of 227 girls who had used drugs (nonnarcotic and narcotic) prior to admission to the home and a random sample of 100 nondrug-using controls were followed up using Home Office records, mental hospital records, criminal records, and personal inquiries to social and medical agencies. After three years, 40 of the nonnarcotic takers, but only one of the nondrug-taking controls, were shown to have used narcotics. Ninety of the girls were selected for further study. They were divided into three groups of 30 girls each, matched for age and year of admission. The mean age in the three groups was 16.1 years. The groups were categorized as follows: (1) narcotic group--girls taking narcotics on admission; (2) progressor group--girls taking nonnarcotic drugs on admission who used narcotic drugs during the follow-up period; and (3) nonprogressor group--girls taking nonnarcotic drugs on admission, who did not subsequently progress to narcotic use. Information about their backgrounds was gained from standard reports made by staff of the remand home, including teachers, psychologists, and the superintendent. Further information was obtained from police and social service agencies.

RESULTS

The drugs taken before admission varied greatly in quantity, with the narcotic group taking more types of drugs (mean 5.2) than either the nonnarcotics (mean 2.1) or the progressors (mean 2.3). The pattern of drug-taking was often one of multiple and indiscriminate misuse, with the narcotic-taking girls also taking barbiturates and tranquilizers. In the nonnarcotic and progressor groups, girls had taken amphetamines, cannabis, methylamphetamine, and LSD. The progression rate to narcotic use of 20.6% of the sample was similar to that obtained by Noble in his study of adolescent boys and, when compared with the nondrug-taking control group progressor rate of 1%, indicated that to be familiar with drug use of any kind was an important factor in the progression to narcotic use.

The girls who progressed to hard drugs were found to spend more time in a milieu where drugs were available. A lack of any helpful or meaningful adult contact was apparent, and this demonstrated the lack of social supervision for this early adolescent age group. The drug milieu became for many of these girls the dominant reality. Unsatisfactory early relationships with parents seemed to be a factor. Only a minority of the girls were still living with both parents, and the indications were that the parents themselves often had abnormal personalities. The recorded incidence of abnormal personality traits among the subjects' mothers was: nonnarcotic group 53.6%; progressor group 57.7%; and narcotic group 52%. Among the fathers there were greater distinctions. Only 27% of the fathers in the nonnarcotic group were recorded as having abnormal personality traits, compared to 63% in the progressor group and 64% in the narcotic group. The fathers in the progressor and narcotic groups were more often unemployed than those in the nonnarcotic group (21.1%, 29.4%, and 13.6% respectively), and there was a significantly greater degree of recorded hostility between them and the children.

In relation to the high degree of family stress in all three groups, many of the girls' parents--over a third in each group--were either first-generation immigrants from Europe, Asia, or the West Indies, or had come over from Ireland to settle in England. This finding is similar to that found in an American addict study by Vaillant, and points to the need for preventive work in communities where there are a large number of first-generation settlers.

The frequency of early referral for psychiatric help, which was significantly greater among the progressor and narcotic groups, indicated the long-standing nature of the stress that many of the girls had to deal with, and showed that their personality disturbance antedated the onset of drug taking. As 8 of the 19 girls in the nonprogress group had maintained a stable work record compared to only 2 of the 19 in the progressor group and 2 of the 22 in the narcotic group, there was a significant association between having an unstable work record and progression to narcotic use. Eight of the nonnarcotic group, 11 of the progressors, but only 2 of the narcotic group had no previous court appearances. Also, according to staff ratings of the girls' interpersonal relations, the girls who eventually progressed to narcotics were relating as poorly as the group who were taking narcotics.

CONCLUSIONS

Subjects remanded by the courts form a small and presumably atypical minority of their age group, but it is not known how typical this type of background is among female narcotic users. The general finding is that fewer females than males appear before the courts, but that those who do are more disturbed. Recent surveys in England have shown a clear association between narcotic use and previous delinquency; but there was, with the exception of drug offenses, no evidence of a causal relationship in this survey. It seemed rather that both the drug-taking and the offenses reflected the difficulty these girls had in relating to the requirements of society. Progressive involvement with a deviant peer group appeared in this study to be a means of finding an identity when adult models were not available or were not acceptable. In treatment, this deprivation cannot be made up, but the effects can be ameliorated by offering alternative long-term relationships and helping experiences. If programs do not provide the continuity of relationship these girls clearly need, it would seem essential to direct energies and social resources to creating and developing situations and personnel within the community which can offer this long-term, built-in stability. The overall effect of help offered in this way may be to reinforce early childhood feelings that nobody cares enough.

Bean, Philip. Social aspects of drug abuse: A study of London drug offenders. Journal of Criminal Law, Criminology and Police Science, 62(1):80-86, 1971.

DRUG	Multi-Drug
SAMPLE SIZE	100
SAMPLE TYPE	Drug Offenders
AGE	Adolescents; Adults (mean 20)
SEX	88 Male; 12 Female
GEOGRAPHICAL AREA	London, England
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	Spring 1968
NO. OF REFERENCES	4

PURPOSE

In an effort to establish patterns of drug abuse, London drug offenders undergoing court procedures were interviewed by researchers from the Home Office in an exploratory, descriptive examination of social background and criminal history.

METHODOLOGY

One hundred drug users were interviewed during various stages of legal procedures at two London courts during the spring of 1968. The interview schedule was restricted to seven drugs: amphetamines, heroin, cocaine, physeptone, methedrine, marihuana, and LSD. Sixteen percent. however, had also taken opium, mescaline, and peyote. In addition to drug history, subjects were interviewed for sociological factors (family circumstances, class, education, and employment) and criminal history before and after drug use.

Because of problems of definition and measurement, the term "daily use" was preferred over "addiction." All subjects were charged with violations of drug laws; persons charged with unrelated offenses, but known incidentally to be drug abusers, were not included in the sample.

RESULTS

Of the 88 males and 12 females (mostly British, a few from America and the West Indies), 12 were under age 17, and 77 under age 25 (mean: 20 years). Ninety percent were multiple drug users, 75% acknowledged use of amphetamines, 67% heroin, 45% cocaine, 50% physeptone, 80% methedrine, 90% marihuana, 99% alcohol, and 43% LSD. Twenty-five percent took both heroin and alcohol within the same time period. Of the heroin users. 76% had a pattern of daily use. None of the users was a daily user. Amphetamines and marihuana were used at younger ages (median age: 16) than heroin (age 19), and hard drug use was preceded by these drugs in 95% of the sample.

Sociological findings indicated that 85% of the sample were single, 30% were from broken homes, 40% had either run away from home or been ejected from home, and an additional 25% left home following first drug use. The sample tended to have histories of problems: illegitimate birth or illegitimate children of their own, and homosexuality. Educational, class, and employment factors were not significant.

Fifty percent had two or more previous convictions, and 30% had five or more. The number of offenses for larceny prior to drug use was 38; for breaking and entering, 27; for violence, 4; auto theft, 4; drugs, 1; other offenses, 14; a total of 88 various offenses. After drug use, larcenies increased to 43, breaking and entering dropped to 11, violence rose to 17, auto theft to 14, drug offenses to 19, other violations to 32, and the total number of offenses increased to 136. Offenses against property predominated.

CONCLUSIONS

Unlike many classic studies in the U.S., there were no indications of cultural deprivation, nor evidence of any form of crime inhibition due to drug use. No evidence supports the notion of a criminal class; however, many offenders were involved in criminal activity before and after taking drugs.

Gordon, Alistair M. Patterns of delinquency in drug addiction. British Journal of Psychiatry, 122(567):205-210, 1973.

DRUG	Multi-Drug
SAMPLE SIZE	60
SAMPLE TYPE	Treatment
AGE	Adults
SEX	Male
GEOGRAPHICAL AREA	London, England
METHODOLOGY	Statistical Survey
DATA COLLECTION INSTRUMENT	Interviews; Laboratory/Examination; Official Crime Records
DATE(S) CONDUCTED	1970
NO. OF REFERENCES	11

PURPOSE

Patterns of drug use and criminality in users of heroin and other drugs were examined in patients at a London clinic to evaluate the impact of the British prescribing policy in the absence of coercive measures.

METHODOLOGY

Subjects were 60 male patients who had commenced drug use prior to age 21. Their mean age was 21.5, and mean age of first drug use was 15.9 years. Patients were urine-tested and interviewed regarding family background, scholastic and occupational history, drug and medical history, and criminal record. Interview data were supplemented by information from the Criminal Records Office and probation reports. Subjects were divided into 29 predrug offenders and 31 postdrug offenders.

RESULTS

Social class (determined by the father's occupation) and family size were not related to temporal patterns. Paternal loss, however, was significantly more frequent in predrug offenders (58.6%). Criminal conviction of a sibling, a main indication of family disturbance, was found in 34.5% of the predrug offenders and 32.2% of the postdrug offenders. For all subjects, 13% of the fathers, 13% of the mothers, and 10% of the siblings had a history of psychiatric illness.

All subjects were multiple drug users. All had used amphetamines, 95% had used marihuana, and 70% heroin. Progression in use of drugs did not differ between predrug and postdrug offenders. Of the 45 subjects (70%) who had ever been on methadone, 20 (33%) had maintained daily use for the month prior to the study.

Subjects with no convictions prior to drug use tended to have been more successful academically, but there was no difference between users and nonusers of heroin. Predrug and postdrug offenders and users and nonusers of heroin did not differ in employment stability.

Ninety-two percent had received a court conviction prior to treatment, 48% prior to drug use, and 90% subsequently. Of the predrug offenders, 72% had convictions for larceny (21 offenders, 47 offenses), and 17% for violent behavior (5 offenders, 7 offenses). Offense patterns were similar for users and nonusers of narcotics (heroin).

After drug use, larceny remained the most frequent offense: 72% were convicted of larceny (43 offenders, 92 offenses); 40% were convicted for violence (24 offenders, 35 offenses) and fraud convictions were obtained against 16.7% of the subjects (10 offenders, 16 offenses). After drug use, predrug and postdrug offenders did not differ in frequency; the pattern of offenses differed only with regard to larceny, which occurred in 83% of predrug offenders and 61% of post-drug offenders. The incidence of larceny was also greater among narcotics users.

Violent offenses rose from 17% before drug use to 40% after drug use, and became more serious: offenses included assault with weapons, bodily harm, robbery with violence, and malicious damage. In the narcotic group, offenders for violence rose from 13.3% to 53.2% after drug use; in the nonnarcotic group the incidence of offenders for specific offenses showed no significant increase after drug use.

CONCLUSIONS

The drug use and criminality patterns of the sample emerge from a background of disturbance, characterized by parental (especially paternal) loss, and sibling criminality, but not socioeconomic deprivation.

With the onset of a drug habit, users with no previous convictions became indistinguishable in most aspects of behavior from predrug offenders, except for a lower incidence of larceny. The increase in numbers of violent offenders after drug use was mainly associated with narcotics use, although nonnarcotic users also included a high percentage of violent offenders. This finding differs from other British surveys in this regard, and may reflect the sample studied: young male users.

The extent of delinquency in the sample indicates a predilection for illegal sources, and little acceptance of current prescribing policies. Some measure of coercion or external control seems necessary in this impulsive group if the aims of medical policy are to be fulfilled.

Willis, J. Delinquency and drug dependence in the United Kingdom and the United States. British Journal of Addiction, 66:235-248, 1971.

DRUG	Opiates
SAMPLE SIZE	177
SAMPLE TYPE	Treatment
AGE	Adults
SEX	Male
GEOGRAPHICAL AREA	New York, New York; London, England
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Case Notes
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	25

PURPOSE

The relationships between delinquent behavior and drug dependence have long been the subject of assertion, speculation, and investigation. The picture in general is rather confusing. An inspection of criminal statistics suggests a generally increasing crime rate throughout the world, mainly involving young people. In both the United States and the United Kingdom, studies have indicated that drug addiction is often preceded by delinquent behavior. To further investigate the relationship between delinquency and drug dependency, addicts in London and New York were studied.

METHODOLOGY

Data on clinical and demographic features of 77 British and 100 New York male addicts attending treatment clinics were obtained from clinic case notes and from the patients themselves. Details reported include ethnicity, age, social class of patients and their parents, marital status, family background, occupational history, delinquent history, duration of drug usage, and hospitalization.

RESULTS

All the London patients were white; in the New York sample, 36% were white, 39% were Negro, and 25% were Puerto Rican. In general, London addicts were younger than their New York counterparts; 68% were between 18 and 24 years of age, compared to 45% of the New York addicts. Concurring with previous reports in the U.S. and Britain, there was a preponderance of single people (over 60%) in both samples.

Most of the addicts in both groups were in the lower socioeconomic levels (skilled, partly skilled, and unskilled occupational standing). In the London subjects, there was a fall in social class downwards from parent to patient. This was less demonstrable in the New York subjects, where fewer patients were in the lowest social class than were their fathers (42% vs. 56%).

Regarding family background, 50% of the New York addicts had lost one parent either through death or through divorce. This was highly similar to the London addicts (56%), although London addicts more often lost a parent through divorce than did New York addicts (15.7% vs. 4%). The data also indicated that there was a substantial history of psychiatric and allied disorders among parents of addicts in both groups. Fifty percent of the parents of New York addicts were known to have psychiatric problems, including alcoholism and criminality; almost 27% of the parents of London addicts were so described.

While it is generally known that drug addicts have a poor occupational history, only 13% of the New York sample were unemployed. London addicts, on the other hand, did have a poor work record, with 62.3% not working. More of the New York addicts than the London subjects had been addicted for over 5 years (68% vs. 19%). Seventy-one percent of the London addicts had been addicted between 1 and 5 years.

Regarding delinquency, there was a striking difference between the percentages of those who had had no arrests (London, 23.4%; New York, 4%). At the other end of the scale, 23.4% of London subjects had had more than 10 arrests compared with 15% of the New York addicts. However, the maximum number of arrests in the London sample was 12, whereas in the New York sample, 1 person had 35 arrests, 1 had 30, 1 had 19, 1 had 16, 2 had 15, 2 had 14, and 3 had 12. This was accounted for partly by the age discrepancy, but not entirely; law enforcement agencies were more directly involved with addicts in New York than in London. Before onset of drug use, 54.5% of the London subjects and 48% of the New York addicts had been convicted.

CONCLUSIONS

Both of the groups demonstrated a decrease in social efficiency, a fall in social class relative to parent, and a disorganized work record. This was particularly true of the London sample. It may be that since narcotic usage among the young is such a relatively new phenomenon in the United Kingdom, it may be appealing initially to a more deviant group of individuals on the whole than in the U.S., where it may have spread to involve more nondeviant people. From the data it appears that there is a relationship between drug dependence and delinquency. However, the notion that the majority of criminal acts committed by United States addicts are an attempt "to support their habit" does not entirely explain the situation, or the delinquency rate antedating drug use. Drug dependence is a chronic and relapsing disorder, no doubt of multifactorial etiology, which is likely to develop in a setting of personal, social, and familial pathology.

d'Orbán, P.T. Heroin dependence and delinquency in women--A study of heroin addicts in Holloway Prison. British Journal of Addiction, 65:67-78, 1970.

DRUG	Heroin
SAMPLE SIZE	66
SAMPLE TYPE	Incarcerated
AGE	Adolescents; Adults (16-30)
SEX	Female
GEOGRAPHICAL AREA	London, England
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Interviews; Official Records
DATE(S) CONDUCTED	1967 - 1968
NO. OF REFERENCES	8

PURPOSE

Sociological, psychological, criminal, and drug use patterns of female heroin addicts in London's Holloway Prison were examined to explore the relationship between heroin dependency and delinquency in women.

METHODOLOGY

The sample group comprised all heroin addicts admitted to Holloway, a women's prison, from January 1967 to June 1968. Subjects ranged from 16 to 30 years old, with a median age of 20. Of the 66 women in the sample, 64 were born in the British Isles, one in the U.S., and one in New Zealand. Data were obtained by interview and then were verified or supplemented by official records. Routine psychological tests were administered to most subjects. All were daily users of heroin and physically dependent upon it. A follow-up study was carried out in September 1968, with a view to a future long-term study.

Demographic data, psychiatric history and family pathology, patterns of drug use, patterns of delinquency, and disposal by the courts were examined. Although the sample was incarcerated, researchers regarded it as representative of the female London heroin addict population.

RESULTS

Subjects were found to be slightly above average in intelligence and predominantly from professional and middle-class homes, or from the two lowest socioeconomic classes. Ninety-one percent were unemployed upon arrest, and 82% had unstable employment histories. Seventeen percent had histories of psychiatric inpatient treatment prior to addiction, and 50% after addiction; 30% had more than one admission to a psychiatric hospital. None was psychotic, and the usual hospital diagnosis was personality disorder. In 62% of the sample, there was no family history of mental illness, alcoholism, drug dependency, or criminality, but 39% came from broken homes. The overall incidence of homosexuality was 48%, generally predating drug use.

All but one subject were multiple drug users; 29 used one other drug in addition to heroin, 23 used two other drugs, and 9 used 3 additional drugs. The peak ages for beginning use of drugs other than heroin were 16-17. Eighteen and 19 were the peak ages for initial use of heroin. Seventy-nine percent procured heroin illegally. Prior to heroin use, 64% used marihuana and 65% used amphetamines. Eighty-eight percent used methylamphetamine injections along with heroin. Eight had a history of excessive alcohol consumption prior to heroin dependence, but stopped drinking after commencing heroin. In changing drug patterns, cocaine was replaced by methylamphetamine, and the use of LSD was diminished.

Seventy-seven percent had convictions prior to entering the study, and 86% had convictions by the end of the study. Seventy-eight percent of the first convictions and 61% of the last convictions were for nondrug offenses.

Of the 51 subjects with court appearances prior to entering the study, 40% were convicted of larceny prior to addiction, and 37% afterward; assault increased from 9% to 13% following addiction. Of the current offenses, 55% were not drug-related, and included 32 accounts of larceny and one robbery with violence. There was no alteration in the proportion of convictions for prostitution before and after addiction.

The follow-up study carried out in September of 1968 indicated that 41% remained users of heroin and methylamphetamine and 27% were in institutions of some sort. Two subjects died as a result of physical complications of drug dependence.

CONCLUSIONS

There was no evidence to suggest that heroin dependence formed an alternative path to other types of delinquent behavior; delinquency preceded addiction and continued unchanged afterwards. No evidence suggested a causal connection between prostitution and drug use. Offenses involving aggression were uncommon, and usually involved minor violence in the course of arrest while the user was intoxicated with methylamphetamine. The overall picture is one of petty delinquency, usually involving minor offenses against property, including impulsive shoplifting.

The sample group showed more severe psychiatric abnormality than male heroin addicts, and came from disturbed backgrounds, but did not conform to any uniform social patterns. Three striking findings were the high incidence of broken homes, delinquency prior to addiction, and homosexual orientation. Severe personality disturbances predated addiction, which could be regarded as a symptomatic development in a long history of maladjustment.

d'Orban, P.T. Female narcotic addicts: A follow-up study of criminal and addiction careers. British Medical Journal, 19(4):345-347, 1973.

DRUG	Heroin; Methadone
SAMPLE SIZE	66
SAMPLE TYPE	Post-Incarcerated Addicts
AGE	Adults
SEX	Female
GEOGRAPHICAL AREA	England
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Home Office Records
DATE(S) CONDUCTED	1972
NO. OF REFERENCES	12

PURPOSE

A four-year follow-up study of female narcotic addicts in Britain who had first been examined in Holloway Prison during 1967 and 1968 was conducted. Long-term follow-up studies of delinquent addicts were felt to be particularly important in elucidating the relationship between criminal and addiction careers, since there is much evidence of the association of these two factors in Britain and the United States.

METHODOLOGY

The sample comprised all women admitted to Holloway Prison from January 1967, to June 1968, who were found to be narcotic addicts. Social characteristics, history of drug use, and patterns of delinquency were described in the original study. A baseline follow-up was carried out in September 1968. In September 1972, data were obtained from the Drugs Branch of the Home Office on addiction status, deaths, and hospital admissions. Mean length of follow-up was four years eleven months. Data were analyzed to yield information on addiction careers, criminal careers, and the association of both.

RESULTS

Of the 63 subjects alive and still in Britain at the time of the baseline follow-up, 39 (62%) committed a total of 137 offenses during the subsequent four years of follow-up. Drug and property offenses accounted for over two-thirds of the offenses. There was some increase in violent crime, but this was not significant.

Addiction and crime ran a parallel course for over three-quarters of the sample in the four years of follow-up. Thirty-three subjects committed further crimes and 30 remained addicted for at least two years, and the two types of behavior coincided in 25 cases (46%). For 30% of the sample, both delinquency and addiction ceased. Whether addiction or crime occurred first had no significant influence on the outcome.

The follow-up study confirmed the original finding that prostitution was not causally related to addiction in British female addicts: none of the subjects who was not previously involved in prostitution engaged in it during the follow-up period. The parallel association between addiction and criminal careers is in keeping with the maturation hypothesis; less than a quarter of the sample continued one form of deviancy without the other. The only significant predictor of outcome was the number of previous convictions for the subject.

CONCLUSIONS

The findings do not support the view that addiction causes crime. The close association of addiction and crime found in this study is more in keeping with the hypothesis that the two are parallel effects of personality traits and environmental factors which lead to socially deviant behavior.

de Alarcón, R. The spread of heroin abuse in a community. Bulletin on Narcotics, 21(3):17-22, 1969.

DRUG	Opiates
SAMPLE SIZE	58
SAMPLE TYPE	Treatment (outpatient)
AGE	Adolescents; Adults (15-20)
SEX	53 Male; 5 Female
GEOGRAPHICAL AREA	Crawley New Town, England
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Program/Clinic Statistics
DATE(S) CONDUCTED	1967 -1968
NO. OF REFERENCES	8

PURPOSE

Epidemiological studies on drug abuse have been concerned only with establishing prevalence rates. Systematic research into incidence rates and paths of transmission of the habit have been neglected. By regarding drug abuse as a contagious illness and by applying the methods used in the epidemiology of infectious diseases, heroin abuse was studied in Crawley New Town, England, where a high prevalence rate was found in 1967.

METHODOLOGY

The names of all known drug users between the ages of 15 and 20 in Crawley New Town, England, were taken from the register of the Crawley Psychiatric Service. Data were obtained from case notes and by direct questioning of patients. The following data were abstracted from the case notes of each patient: (1) the date, or if this was not available, the month or year when he started taking heroin; and (2) the name of the person who had initiated him to the drug and the circumstances in which this occurred. The patients were interviewed during 1967 or in the first three quarters of 1968. Information was obtained from 58 users; there were 53 males and 5 females.

RESULTS

The number of first heroin experiences per year among the 58 cases showed: in 1962, one person was initiated; in 1963, one; in 1964, one; in 1965, two; in late 1965 or early 1966, one; in 1966, twenty-four; not known, but before the end of 1966, one; late 1966 or early 1967, one; and 1967, twenty-six. By plotting the yearly incidence during this period, three stages in the spread of heroin in the town emerged: (1) in 1962-1965, a small number of Crawley youngsters were initiated in other towns; (2) in the first half of 1966, a nucleus of established heroin users, initiated by the former, developed in Crawley; (3) from the second semester of 1966 to the first semester of 1967, heroin abuse spread explosively in the town. Two major transmission "trees" covering 48 cases were traced; one of these trees included 32 users who could be traced back to the original initiator; the other included 16 users who could similarly be traced back. Of the total 58 initiations to heroin, 46 were carried out by Crawley boys, 7 were initiated in other towns, and 5 had not disclosed their initiator. Twenty-two cases were initiated in Crawley itself. Of these, some were living with their parents at the time, and nine of them had their first injection in their own home or in the home of another drug user. Among the rest, public toilets and pubs were the most popular places for their first experience. Two were initiated in a van parked in the street, and one was initiated in a youth club.

CONCLUSIONS

There is value in incidence studies for making predictions and for comparing trends in drug abuse from year to year. From the information obtained, it appears that heroin abuse was introduced by local boys who had acquired the habit while visiting or living in another town. They then spread the habit among their peers. In every case, between the initiators and the initiated, there had been a long-standing or current link of common school and neighborhood, or common haunts of amusement (pubs, dance halls, bowling alleys). It must not be forgotten that established drug dependency is a chronic disease, and as long as there are chronic cases with a population at risk, there is a possibility of another acute outbreak.

de Alarcón, R. An epidemiological evaluation of a public health measure aimed at reducing the availability of methylamphetamine. Psychological Medicine, 2:293-300, 1972.

DRUG	Methylamphetamine (Methedrine)
SAMPLE SIZE	800
SAMPLE TYPE	Drug Users
AGE	Not Specified
SEX	Not Specified
GEOGRAPHICAL AREA	England
METHODOLOGY	Longitudinal; Case Studies
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics; Official Records; Interviews
DATE(S) CONDUCTED	1966 - 1971
NO. OF REFERENCES	16

PURPOSE

Drug dependence cannot be understood or treated solely in clinical terms, yet evaluating the utility of preventive measures designed to modify social and external factors has been difficult and even impossible. However, recent circumstances made it possible to evaluate the effects of a single factor on the course of methedrine abuse. The use of methedrine in a region of southern England was recorded both before and after the October 1968 Public Health Measure which reduced production, withdrew supplies from retail pharmacies, and restricted availability exclusively to hospitals. The short- and long-term effects of restricted manufacture and supply in the actual taking of the drug in the area was observed.

METHODOLOGY

The area surveyed covered one metropolitan borough, one urban and three rural districts, with a total population of 134,440. Drug-taking activity was centered in two towns having between them 50,790 inhabitants, 3,420 of whom were aged 15-19. Personal drug-taking data were collected using: (1) a battery of 21 different screening procedures, including regular inspection of hospital, mental hospital, and court records, and regular interviews with doctors, teachers, youth leaders, probation officers, and other community agencies; (2) a clinical and advisory service provided by the author with the goodwill of local psychiatrists; and (3) clinical histories and questionnaires of all persons referred to the service. The resulting data were incorporated into an ongoing, cumulative case register of drug users. Ongoing information on the drug scene was also collected, against which the individual case histories were considered. Special screening methods were devised for the detection and follow-up of cases of drug abuse by injection. In addition, information was collected on the circumstances surrounding initiation to drug use, particularly to injecting drugs, in order to assist in establishing both incidence and channels of spread, and availability and popularity of drugs.

RESULTS

From the 800 case histories in the register by August 1971, there was evidence that 72 had injected methedrine. Of these, 48 were persons whose drug-taking activities occurred mainly in the area and among local people, and whose drug-taking history could thus be followed. The precise year of initiation to injection by methedrine was known in 40 cases, and a person involved as initiator was known in 30.

Prevalence of methedrine use grew from no cases in 1966, to 7 in 1967, and 40 by the summer of 1968. After October 1968, when methedrine was withdrawn from the retail market, a dramatic fall in local use occurred. By 1969, the known prevalence had dropped to 2, neither of whom were regular users, and to 2 other local persons who were known to have injected that year while living out of the area. After that, except for an encapsulated 2-week outbreak in March 1970, among a group of friends, no further cases were uncovered in the area in 1970 and 1971. The yearly incidence distribution of methedrine injection followed a very similar pattern to that of prevalence: 7 cases in 1967, an additional 4 in late 1967 and early 1968, rising to 27 in 1968, after which no more cases developed except for 6 during the March 1970 incident.

Regarding the drug scene in general, it appeared that from early 1967, the weekend use of large amounts of amphetamine pills was popular. In late 1967, and during the first three months of 1968, much amphetamine sulphate powder came into the area. Initially taken by mouth, it soon began to be injected. By early 1968, 3 of those who had taken amphetamines by mouth were initiated to the injection of methedrine, which they in turn spread to their friends. Methedrine was one of the drugs most easily obtained by mid-1968, and in addition to the injectors, many more were taking ampules by mouth. After October 1968, the use of methedrine disappeared practically overnight.

In 1967, 1968, and most of 1969, the word "speed" was used in the area almost exclusively for methedrine. In 1970, "speed" came to signify any type of amphetamine. No word meaning methedrine appeared in the local drug jargon to take its place, indicating that methedrine had become so unfamiliar that it no longer required a special word. Court appearances for all cases of possession of methedrine ampules occurred in 1968, and constituted one-third of all the convictions for illegal possession that year. Since then, in spite of the considerable increase in the number of convictions, there have been no further cases of possession of methedrine ampules.

Follow-up showed that in 1970 the majority (27) of the 36 local methedrine injectors in 1968 were still taking drugs, but only one-third of them (12) were still injecting, and only 3 injected regularly. The drugs substituted for methedrine were taken in a way more clinicians would consider less dangerous than injecting.

CONCLUSIONS

The findings provide an example of how an opportune public health measure can have an immediate effect on the behavior of the target population. They also provide a model of how a drug manufacturing firm can make an important ethical decision in cooperation with health authorities without waiting for the whole legislative machinery to be set in motion. Several factors are postulated as contributing to the success of the measure. (1) With reduced production, there is a good chance that a drug will disappear from the community since all supplies come through a few major firms. (2) The measure was taken promptly before the drug habit had time to become firmly established. (3) Methylamphetamine does not induce physiological dependence. (4) There was no other injectable drug of similar effect to take its place. The experience suggests that it may be wise, when planning to restrict a certain drug of abuse, to consider carefully which drug or activity might replace it.

McConnell, W.B. Amphetamine substances in mental illnesses in Northern Ireland. British Journal of Psychiatry, 109:218-224, 1963.

PURPOSE

The use of amphetamine and its analogues as stimulants and for the control of appetite in the obese is well known. It is not so widely appreciated that they can produce both acute psychiatric disturbances and addiction. In Northern Ireland, as elsewhere, these substances have not hitherto been regarded as constituting a serious problem, yet within a three-year period, 2.1% (N=31) of the total referrals to one Belfast mental health department indicated that amphetamine analogues played an important part in the causation of their presenting symptoms. The symptomatology patterns of these 31 patients were examined.

SUMMARY

There were 20 women and 11 men whose illnesses separated into three groups: one group presented symptoms which were clinically indistinguishable from paranoid schizophrenia; a second group contained those who were habituated or addicted, some of whom showed paranoid traits; and the third group had various complaints, probably attributable to the side effects of amphetamines.

The Schizophrenia-like Group

There were four women and two men in this group, with ages from 22 to 46 years. In five, the onset of the illness had been acute, but one woman had been ill for ten years at least. All were tense, evasive, and suspicious. Overactivity and talkativeness were marked in two, and one of these at times assumed bizarre postures. Three others behaved in an impulsive fashion. The conversation of all patients, except the patient who had been ill for ten years, was at times disjointed, incoherent, and irrelevant. Thought blocking was common. Mood was disordered, and the commonest disturbance was a degree of apprehension. In two there were episodes of elation, but depression and misery were more common. The prominent feature of all was the presence of paranoid delusions, which in three patients had a grandiose content. Auditory and visual hallucinations were described. Physical examination did not reveal any findings that were common to all. Two had tachycardia, one showed recent weight loss, and the other was markedly underweight. Two developed pyrexia. Half of the patients had had previous disturbances, but none of these had required hospital admission. In most of these patients, improvement began to occur within a week, once the drug had been definitely discontinued. There was evidence that half of these patients returned to their addiction after their discharge.

The Group of Patients Dependent on the Drugs

There were 20 patients in this group, and their ages ranged from 20 to 56 years. They could be divided into two subgroups. The first consisted of the "symptomatic addicts," those people who at different times would be dependent on various drugs. There were seven patients in this subgroup. Besides amphetamine, six had been dependent on alcohol at times, six had taken barbiturates, and three had been satisfied by Persomnia or Oblivon (methylpentynol). One had been addicted to pethidine. The other subgroup consisted of 13 patients, 10 female and 3 male, who depended on amphetamines alone. Twelve had started in an attempt to increase energy and drive or to combat fatigue, and one had been given it to aid in losing weight.

The Group with Miscellaneous Symptoms Attributable to Amphetamine

Five patients were seen in whom the side effects of amphetamine were prominent as presenting symptoms. There were three female and two male patients, with ages ranging from 25 to 55 years. Two were referred with anxiety, tension, and restlessness. Dysmenorrhea was being treated in one, and depression in another. With immediate withdrawal, the symptoms rapidly regressed.

CONCLUSIONS

The evidence presented here suggests strongly that misuse of amphetamine has occurred in Belfast. Thirty-one of 1,460 referrals to a mental health department had symptoms caused by amphetamine as a prominent aspect of their illness. The experience with this group was that they denied taking the substances, sometimes even when confronted with laboratory evidence. Whatever the basic pharmacological effect may be, amphetamine does produce paranoid reactions and the frequency of these would seem to depend upon the dose level and the vulnerability of the individual. Data suggest that a problem exists in Northern Ireland, but as elsewhere its extent is undetermined. There are indications that prescription is excessive, considering the limited therapeutic gains to be had from these drugs.

Plant, Martin A. Young drug and alcohol casualties compared: Review of 100 patients at a Scottish psychiatric hospital. British Journal of Addiction, 71:31-43, 1976.

DRUG	Multi-Drug; Alcohol
SAMPLE SIZE	100
SAMPLE TYPE	Treatment
AGE	Adolescents; Adults (range 16-30)
SEX	77 Male; 23 Female
GEOGRAPHICAL AREA	Edinburgh, Scotland
METHODOLOGY	Case Studies
DATA COLLECTION INSTRUMENT	Hospital Case Notes
DATE(S) CONDUCTED	1972 - 1974
NO. OF REFERENCES	11

PURPOSE

A group of young drug and alcohol abuser patients at a psychiatric hospital were studied in order to test two hypotheses: (1) that there is a concomitance between heavy alcohol use and illegal drug-taking; and (2) that young drug and alcohol patients, like young drug offenders, are primarily low-status unemployed or manual workers who are multiproblem individuals.

METHODOLOGY

The case histories of 100 consecutive patients attending the Royal Edinburgh Hospital between January 1, 1972, and January 31, 1974, were examined. Each of the patients had attended the hospital either as an outpatient or inpatient because of either drug or alcohol dependence. All the patients were between the ages of 16 and 30. Seventy-seven of the patients were male, and 23 were female. Individuals who had used illegal drugs were classified as drug abusers whether or not their drug-taking had been noted as a medical problem. All those referred to as heavy drinkers, or who had been in some form of trouble because of their alcohol use, were noted as alcohol abusers.

RESULTS

Of the 100 patients, 28 were found to be alcohol abusers, 38 were abusers of drugs, and another 34 were found to abuse both drugs and alcohol. Those who abused only alcohol were significantly more likely than those who had abused drugs (either alone or with alcohol) to be older than 25 ($p<.01$). Those who had abused both alcohol and drugs were intermediate in age between the younger drug (only) group and older alcohol (only) group.

Eighty of the individuals were either unemployed or were manual workers. This differed greatly from the occupational status of most patients admitted to the hospital, 70.5% of whom were non-manual workers in 1973. While drug takers were more likely than alcohol (only) abusers to be unemployed, this difference was not statistically significant.

Thirty-eight of the study group were noted to have been on probation, and in prison or other detention facility. The delinquents were significantly more likely than others to be low-status unemployed or unskilled manual workers ($p<.01$). Forty-six of the individuals had attempted suicide; this high proportion was due to the fact that many of the study group had been referred to the hospital after admission to the Regional Poisoning Treatment Center, where they had been treated for self-poisoning or overdoses.

Among the drug users, polydrug use was the norm. An average of 4 drugs other than alcohol was recorded as having been used illegally by the 72 drug-takers. Cannabis was the most reported abused drug (N=51), followed by amphetamines (N=38), LSD (N=34), heroin (N=29), barbiturates (N=27), Mandrax (N=25), morphine (N=22), and methadone (N=13). Thirty-three individuals (28 males and 5 females) had injected drugs such as morphine, heroin, methadone, or methedrine. The injectors were significantly more likely than the other drug takers to be recorded as "heavy" or "problem" drinkers ($p<.05$). The injectors were not significantly different from noninjectors in respect to sex or attempted suicide. The 34 drug and alcohol users were significantly more likely than others to have made at least one suicide attempt resulting in hospitalization ($p<.05$). These 34 patients were not different from the other patients in relation to sex, delinquency, unemployment, or drug injection.

CONCLUSIONS

The study revealed that there was a considerable concomitance of drug taking and heavy alcohol drinking. Case notes indicated that many individuals were indiscriminate in their substance abuse, often taking whatever legal or illegal drugs were available. The study also showed that most of the study group were either unemployed or were manual workers. It appears that the use of drugs and alcohol was likely to lead to hospitalization, as well as conflict with the police, amongst low-status individuals. Most of the study group were multiproblem individuals who associated with other multiproblem individuals. These networks provide alienated young people with status and support. They will not be relinquished unless a more attractive alternative is presented to them. Future research could usefully examine the extent and parameters of these networks, and the ways in which these groups tolerate or foster specific, problematic behaviors such as alcohol and drug abuse.

Bennie, E.H.; Mullin, P.; and Sclare, A. Balfour. Drug dependence in Glasgow 1960-1970. British Journal of Addiction, 67:101-105, 1972.

PURPOSE

Although drug dependence in Glasgow between 1960 and 1970 had not acquired the rapidly spreading epidemic and endemic characteristics noted in London or in North America, it was nevertheless considered to be of sufficient proportion to merit the establishment of four drug treatment centers in the city in 1968. The epidemiology of the problem was traced.

SUMMARY

The first reported case of intravenous drug addiction in Glasgow was in 1963. In 1966, following the robbery of a large pharmacy, a sizable addict population developed. In 1965 there were 5 addicts in Glasgow, and by 1967 there were about 20. Prior to 1966, all nontherapeutic addicts to heroin, morphine, and cocaine were transients. Whereas heroin and morphine were the exclusive drugs of addiction in the early 60's, this changed later in the decade because of a scarcity of the drugs. At the end of the decade there was a vast increase in the abuse of barbiturates, hypnotics, LSD, cannabis, and stimulants.

In the last two years of the decade, teenagers were misusing a wide variety of psychopharmacological agents. Adolescent abusers made up the largest group attending addiction clinics. The adolescents came from a wide range of backgrounds; they were students, workers, or unemployed. Overall, there were five groups involved in drugs in the city: middle-aged barbiturate addicts, young chronic addicts, transients, adolescent drug abusers, and a small number of pushers.

The adult barbiturate addict was predominantly female, addicted to a barbiturate or other hypnotics; another small group was composed of addicts dependent on a barbiturate and amphetamine combination. The physical dependence on the drug was very high, and surpassed the level of dependence attained by any of the young addicts. There was no evidence that these patients had formed a subcult, or that they shared their drugs. They tended to be isolated individuals of grossly abnormal personality.

The young addicts appeared to be abnormal personalities. Traits of sensitivity, impulsivity, and depression were in evidence, and antedated drug use. They were poorly integrated personalities who were unable to direct their rebelliousness and nonconforming habits. Whereas earlier in the decade adolescents came to clinics only in a state of withdrawal, near the end of the decade they were presenting to the clinics earlier in the course of their drug illness.

II. Continental Europe

II. *Continental Europe*

- *France*
- *Netherlands*
- *German Democratic Republic*
- *Switzerland*
- *Italy*
- *Greece*
- *Yugoslavia*

Davidson, F.; Etienne, M.; and Piesset, J. Medico-social survey of 662 drug users (April 1971-May 1972). *Bulletin on Narcotics*, 25(4):9-32, 1973.

DRUG	Multi-Drug
SAMPLE SIZE	662
SAMPLE TYPE	Treatment
AGE	Adolescents; Adults
SEX	443 Male; 219 Female
GEOGRAPHICAL AREA	France
METHODOLOGY	Statistical Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	1971 - 1972
NO. OF REFERENCES	0

PURPOSE

As part of a national survey of drug abuse in France, drug user health information forms collected at treatment facilities throughout the country were studied to determine the personal, family, and social characteristics of drug users.

METHODOLOGY

Between April 1971 and May 1972, 662 usable forms had been received and included for study. Family, work, educational, and drug use background was assessed for each subject.

RESULTS

The vast majority of the drug abuse cases were between 18 and 24 years of age (72%); most were male (67%); and nearly all were of French nationality (91%). Nearly half (44%) of the subjects came from abnormal parental situations, including separated, divorced, or never married parents (26%); father or mother or both unknown (3%); father or mother or both deceased (11%); and father or mother remarried or living with another person (3%). Although there were no accurate figures available for comparison purposes, the proportion of only children appeared to be high (18%).

The proportion of mothers who were self-employed or were senior officials or executives, or in other professional occupations, was much higher than the proportion of such persons in the total female population (40% vs. 24%).

Quite a few of the cases had no fixed abode (18%), 87% were single, 43% lived in a family, and 17% lived as a member of a heterosexual couple. Less than half (47.5%) of the youngest age group (14-17 years) were attending school; about 18% of those between 18 and 24 years of age were attending school or university; and 11% of those between 25 and 29 were attending school.

Regarding father's occupation, data for only 325 subjects was available. Among the subjects surveyed, very few were children of farmers. Among the fathers of the subjects, the proportion of those who were in the liberal professions or were senior officials or executives was three times as high as the proportion of such persons in the population as a whole (20% vs. 6%).

Overall, 43% of the subjects were unemployed, 16% were students, and 42% were employed. In the 14-25 age range, 40.5% of the men and 45.8% of the women were unemployed and not students. By comparison, a 1968 national census indicated that only 3% of the young men and 25% of the young women in this age group had no occupation. Of those subjects who were employed, their work was more often of a proletarian nature as compared with the social and occupational status of their fathers.

Nearly half of the subjects (45%) had come voluntarily to the treatment centers; 41% were referred through judicial authorities; 16% were referred by parents; 12% were referred by doctors; 9% were referred by friends; and 5% were referred by spouse. One case in three among the 14-17 age group were referred by the courts, and one in five among the 18-24 age group were so referred.

Upon admittance to treatment, 44% complained of somatic disturbances; 26% experienced mental disturbances; 25% had difficulties with the law; and 18% had difficulties with the family, employment, or school environment.

Curiosity was the most common reason given for beginning drug use (64.5%). "Group pressure" was given as a reason by only about one subject in seven, while only 1 in 9 considered drug taking as a defiance of society. Sixty percent of the subjects had been chronic drug users for two years or more. While initial drug use is often in a group situation (51%), over time, solitary drug use becomes more frequent and the group loses its earlier importance (28%). The most frequently used drugs were hashish (70%), heroin (42%), amphetamines (34%), marihuana (32%), hallucinogens (51%), and opium and its derivatives (27%). Most of the subjects (83%) were multiple drug users. Cannabis was associated with hallucinogen use in 253 cases; cannabis was associated with heroin use in 217 cases; and cannabis was associated with amphetamine use in 188 cases. Multiple drug use was most frequent between the ages of 18 and 29. Younger users tended to consume amphetamines, LSD, or cannabis, while older users tended to consume opium or morphine. Heroin consumption showed a substantial rise from the 18-24 to the 25-29 age group (43%) to 51%), followed by a slight decline thereafter. The use of hashish and heroin was just as frequent among female as male drug users.

Of the drug users studied, 15.4% had attempted to commit suicide. There was a marked increase in the risk of suicide with the increase in age from 1 in 10 for younger persons to 1 in 5 for persons over 25. There was a high risk of suicide among users of ether: 21 out of 50 users of ether had attempted to commit suicide.

CONCLUSIONS

The data indicate that drug users are for the most part very young; almost half come from broken homes; and a considerable proportion are unemployed and have no fixed abode. Fashion, curiosity, group pressure, and the search for new philosophies which act as incitements to new experiences and encourage the dissemination of drugs are not sufficient in themselves to swing young people into drug dependence. It appears that the habitual use of drugs is, in most cases, the symptom of a complex personal and social "pathology," in addition to being a means of relief, escape, or change for the young person concerned.

Poulain, Charles. Drug offenders and the prison regimen in France. Journal of Drug Issues, 5(1):68-72, Winter 1975.

DRUG	Multi-Drug
SAMPLE SIZE	464
SAMPLE TYPE	Incarcerated
AGE	Adults
SEX	88% Male; 12% Female
GEOGRAPHICAL AREA	Cross-Cultural (65% French)
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Not Specified
DATE(S) CONDUCTED	1972
NO. OF REFERENCES	0

PURPOSE

The number of arrests of drug addicts in France has increased rapidly between 1965 and 1973. A survey was made of drug offenders and the prison regimen in France.

SUMMARY

In March of 1972 there were a total of 464 drug users in prison in France, of which 12% were women. A third were under 20 years of age, and the maximum age was 30. Eighty-five percent used heroin; the remaining 15% used hashish, amphetamines, and LSD. Sixty-five percent were French; the others were Algerian, Tunisian, and Moroccan. Over a period of ten years, more than 600 addicts were sentenced to the Baumettes medical prison in Marseilles. They were, for the most part, young persons or adolescents; drug use may have begun at ages 14-16, and addiction between 17 and 18. No social group was particularly affected more than another. Admissions to the hospital at Baumettes showed a rapid increase from 4 in 1960 to 237 in 1972 (205 men and 32 women). Of 390 cases studied, more than 60 occupations were recorded: 40% listed "no occupation:; 15% were students; 13% did manual labor; 10% were white collar workers; and the rest were artists, domestics, middle managers, professionals, and others.

Of 267 cases, 179 indictments were found for narcotics infractions, and 22 for drug trafficking and possession. Heavy traffickers, who were not, in general, addicts themselves, posed no more of a problem to the Penitentiary Service than any other category of prisoner. They served their relatively long sentences in the ordinary prison. Many drug addicts at the penitentiary were imprisoned while intoxicated, and required a period of withdrawal. The treatment provided was the same as that in the prison hospital at Baumettes. The initial treatment of heroin addiction followed a classic model. As far as possible, and taking into account the few personnel resources of the Penitentiary Service, psychotherapy was provided, but only in a few institutions and in a very sporadic and inadequate manner. The grouping together of addicts had the advantage of allowing better surveillance, but a disadvantage was that these groups encouraged the exchange of personal experiences and created a climate unfavorable to rehabilitation; most conversations concerned drug use. Aftercare was still a problem. Competent clinical services for addicts after release remained difficult to arrange, if they existed at all; the result was that they relapsed into addiction after having resumed contact with their former milieu.

CONCLUSIONS

Experience makes it seem that prison is not a solution, and that a penitentiary is far from an ideal treatment setting. It is easy to abuse the ambiguity of the terms "dealer-addict" and "addict-dealer"; and it is dealing which is stressed and which results in imprisonment. It is true that for some addicts the penal sanction can have an associated therapeutic effect, but the object of a decision to imprison must be a joint judicial and medical one.

Cohen, Herman. Multiple drug use considered in the light of the stepping-stone hypothesis. International Journal of the Addictions, 7(1):27-55, 1972.

DRUG	Multi-Drug
SAMPLE SIZE	958
SAMPLE TYPE	Drug Users
AGE	Not Specified
SEX	Not Specified
GEOGRAPHICAL AREA	Netherlands
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Observation; Questionnaires; Official Records
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	21

PURPOSE

As part of a larger study of drug use in the Netherlands, the motives for multiple drug use, i.e., the frequent use of several drugs, were investigated. Based on the data, it was possible to correlate the psychological variables relative to drug use with the nonpsychological variables related to its use, such as the illicit market situation. It also offered an opportunity to evaluate the "stepping-stone" hypothesis regarding drug use patterns.

METHODOLOGY

A total of 958 subjects were included for study. Each subject filled out a questionnaire regarding drug use history. In addition to the questionnaire, interviews were conducted with 150 persons; an extensive field study was undertaken; and official data were analyzed. The following factors were examined to differentiate different types of drug taking: the drugs that had been taken; the frequency of taking any of these drugs; and an "index of sociability" ratio--i.e., the number of respondents who generally took the drug when alone as compared to those who would take it in the company of others. The subcultural characteristics of multiple drug use were investigated in detail.

RESULTS

The index of sociability for hashish (1:9) was almost the same as that for alcohol (1:11), indicating that the two substances were "social stimulants." LSD was taken socially more often than alone (1:5), but not to the extent of alcohol or hashish. Amphetamines (1:1) were not only used in group settings but were also taken individually by people who, in particular situations, wanted to improve their efficiency. Tranquilizers (5:1) and barbiturates (7:1) were generally used by people when they were alone.

About 75% of the respondents who illicitly used one drug also started to use other drugs; usually, the use of these drugs was discontinued after a short time. The use of hashish was particularly stable; only 5.5% of the respondents discontinued the habit for good, while the percentages for opium and LSD were much higher: 25% and 47%, respectively. Hashish was the favorite drug of the subjects (92%), followed by alcohol (61%), amphetamines (42%), LSD (24%), and opium (20%). Hashish was usually the first illicit drug used (68%). Other drugs such as amphetamines and LSD followed far behind. Probably because hashish was more often taken in a social setting, it was more likely that this drug, rather than LSD and amphetamines, would be introduced to new drug users. The percentage of hashish smokers who tried to interest others in taking the drug was 41%. Of the users of LSD, only 25% tried to initiate others into use of the drug, as did only 9% of the opium users. Thus, the subcultural trade in hashish was more appreciated in the subculture than was subcultural trade in LSD and opium.

From the market situation, it appeared that hashish, amphetamines, LSD, and opium were the drugs used most frequently. Therefore, individual drug patterns and sequences actually reflected the market situation. There appeared to be no particular time sequence in which the drugs were used by the subjects; in fact, 200 different sequence patterns were found, refuting the stepping-stone hypothesis. In order to find out why some drugs were more popular than others, subcultural involvement was looked at. The subjects were divided into four groups: (a) users of hashish; (b) users of hashish and LSD; (c) users of hashish and opium; and (d) users of hashish, LSD, and opium. Three criteria for subcultural involvement were used: (a) proselytizing for the three drugs; (b) the percentage of friends who used the three drugs; and (c) subcultural trade in those drugs. In addition, the appreciation of the four groups for hashish, LSD, and opium was studied. It was found that the tendency to persuade others to use hashish became stronger with the number of drugs used ($p<.001$). Also, the percentage of friends who regularly used hashish increased with the number of drugs taken. Subcultural traffic in hashish, LSD, and opium, as well as commercial traffic in hashish, increased with the number of drugs used. Regarding their evaluation of drugs, as the respondents started to use more drugs (opium in particular) and consequently became more involved in the subculture, they showed an increasing tendency to evaluate the use of hashish as "very enjoyable." There was also a significant correlation between frequency of the use of hashish and: (1) the percentage of friends who used this drug ($p<.001$); (2) proselytizing for this drug ($p<.001$); and (3) subcultural traffic in this drug ($p<.001$). Similar significant relationships were found for LSD.

CONCLUSIONS

The data indicate that the stepping-stone hypothesis is unfounded; however, there appear to be some factors which cause people who embark on the use of one illicit drug to experiment subsequently with other drugs.

1. Pharmacological variables in the widest sense. Its rather mild effects make hashish, like alcohol, a social stimulant, the use of which leads to many and varied contacts with other users.

2. Participation in the subculture. Such participation, particularly a close involvement in it, often goes with the use of several drugs, and with a higher frequency of use and a higher appreciation for hashish. New users are recruited by friends who already belong to the subculture. This implies that a climate of repression can only have deleterious effects. When the subculture is threatened, it will tend to become more cohesive, and subcultural activities, as well as the use of heavier drugs, will increase.

3. Nonpsychological factors. This refers to the dynamics of supply and demand on the illicit drug market, which in turn is related to the attractiveness of the various drugs. The attractiveness is determined by the price of the drug, its effects, and its image in the subculture.

4. Mental changes. When one illicit drug is used, other drugs also come within the user's reach, and his resistance to the use of these drugs is probably weakened.

Buikhuisen, W., and Timmerman, H. The development of drug-taking among secondary school children in the Netherlands. Bulletin on Narcotics, 24(3):7-16, 1972.

DRUG	Multi-Drug
SAMPLE SIZE	29,467
SAMPLE TYPE	Students
AGE	Adolescents
SEX	Both Sexes
GEOGRAPHICAL AREA	Netherlands
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Psychological Tests; Questionnaire
DATE(S) CONDUCTED	1969 - 1971
NO. OF REFERENCES	22

PURPOSE

Very little information on drug taking in the Netherlands was known before 1968. As a result, a major research program was initiated at Groningen University, in which the extent of drug use among secondary school children was determined.

METHODOLOGY

In order to obtain a better idea of the extent of drug taking among secondary school children, two surveys were conducted--one in 1969, and one in 1971. The 1969 sample consisted of 11,659 students located at schools throughout the country; the 1971 sample consisted of 17,808 students. All students were administered a questionnaire which obtained demographic and drug-use data. The questions on drugs asked whether the subject had ever taken particular drugs, how often he had done so, whether he had done so in the previous 6 months, and whether he normally took these substances alone or together with others.

RESULTS

In 1969, 11% of the students stated they had taken a drug at least once. However, only 2.5% had taken drugs more than 20 times. Hashish and marihuana were the most popular drugs, with 88% of the users stating they had taken these drugs. Amphetamine and LSD were taken by 14% and 12% of the users, respectively. Opium or heroin was taken by only 7% of the drug users. Three types of educational facilities were sampled: ordinary secondary education, secondary technical education, and schools of arts. Drug taking was on the largest scale at the schools of arts (29.5%), followed by secondary schools (10%), and technical schools (8.8%). Those students who took drugs were on the average older than those who did not (18.4 years vs. 17.6 years).

At the schools of arts, however, there was no difference in age. More boys than girls reported taking drugs (13.5% vs. 7%). Relatively more of the drug users belonged to the higher social class (35% compared to 26% of the total sample), and were underrepresented in the middle class (41% vs. 57% of the total sample). Between 80% and 90% of those who took drugs did so together with other drug users.

In order to compare drug users and nonusers, 44 students were selected from each group and tested with the Eysenck Personality Inventory, the socialization scale from the California Personality Inventory, Zuckerman's Sensation-seeking Scale, the Srole Anomia Scale, and a verbal conditioning test devised by Hemmel. Drug takers proved to be more neurotic ($p<.0008$), to be less socially integrated ($p<.01$), to have a higher anomia score ($p<.02$), and to score higher on the sensation-seeking items ($p<.07$). The drug takers also had more differences of opinion with their parents ($p<.05$), had less communication with their parents ($p<.01$), and were more critical of their parents ($p<.05$). Drug users also had more difficulty in school, with more playing truant ($p<.001$) and showing a greater desire to quit school as soon as possible ($p<.02$). Significantly more drug users committed crimes than did nonusers ($p<.02$).

In 1971, the number of secondary school children who had taken drugs at one time or another had almost doubled since 1969 (20% vs. 11%, respectively). In addition, the percentage of children who had taken drugs more than 20 times also increased from 2.5% to 6.5%. Marihuana and hashish remained the popular drugs of use. In contrast to 1969, age and social class did not distinguish between users and nonusers of drugs. Only the sex variable was still a factor.

Of interest was the number of people who had stopped taking drugs. In the case of hashish, LSD, and opiates, the proportion of school children who had stopped taking these substances was greater in 1971 than in 1969. For example, 56.7% of the students in 1971, and 29% of the students in 1969, had stopped taking opiates.

CONCLUSIONS

Although the near doubling in the number of drug users in secondary schools has brought about concern, this doubling has not taken place in all the towns of the Netherlands. In those towns where the rate of drug taking at the schools was relatively high by 1969, the increase up to 1971 was comparatively slight. Thus, it appears that drug taking had already reached the saturation point. Because a great increase in drug use is not anticipated, repressive action appears to be unnecessary. On the other hand, good instruction will have to be given at these schools concerning the dangers associated with the use of drugs.

Szewczyk, Hans, and Jähnig, Heide-Ulrike. The problem of drug misuse in the German Democratic Republic. Journal of Drug Issues, 5(1):89-91, Winter 1975.

DRUG	Multi-Drug
SAMPLE SIZE	1,475+
SAMPLE TYPE	General Population
AGE	Adolescents; Adults
SEX	Both Sexes
GEOGRAPHICAL AREA	German Democratic Republic
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	0

PURPOSE

Hardly any information has been published in the German Democratic Republic (GDR) with regard to the problem of drug misuse and abuse of medicaments. In this investigation, incidence of alcohol and drug abuse among East Germans was explored.

METHODOLOGY

Two methodologies were used. In the first, information was obtained from student advisory centers; marriage counseling, family planning and sex advice centers; expert committees in charge of criminal offenders; and public health authorities. In the second, more precise information was obtained from the records of 1,475 forensic psychiatry cases seen over a six-year period.

RESULTS

Results from the first methodology revealed that among persons seeking help from social service agencies, drug misuse played hardly any role at all. It occurred very sporadically, and almost exclusively in the form of the abuse of medicaments.

Results from the second methodology indicated that in almost 600 cases, alcohol played an important role. In only 25 cases were other drugs or medicaments involved. Sixty-eight percent of these cases involved a combination of alcohol and drugs or medicaments. Only in 32% of the cases were medicaments taken alone. In 24% of the cases soporifics were involved; in 48%, tranquilizers; in 20%, combinations of soporifics and tranquilizers; and in 8%, narcotics were used. Four percent of the drug misusers were 14 to 18 years of age; 32% were 19 to 25; 36%

were 26 to 40; and 28% were over 40. Seventy-two percent were males and 28% were females. Only in 16% of the cases were the medicaments used exclusively in groups or in groups as well as individually; in these cases, 12% of the offenders belonged to younger age groups. Fifty-six percent of the cases were practicing moderate or considerable abuse of alcohol, which in the majority of cases had already led to social problems. Of crimes committed, 20% were acts of violence; 36% were for theft or fraud; and the rest were offenses of various types. In 72% of these cases, medicaments and alcohol, or a combination of the two, were directly related to the crimes committed.

CONCLUSIONS

It appears there is no substantial drug problem in the GDR. The misuse of drugs such as hashish, marihuana, or heroin is insignificant, as is morphine or opium addiction. However, there is an abuse of medicaments which is increasing, as it is in all other countries. In addition, the GDR is still confronted with a serious problem of alcohol abuse. There appears to be a strong and important relationship between excessive drinking and delinquency. It has been found that whenever medicaments or drugs appear to be a factor in the occurrence of crime, they usually have been taken in combination with alcohol.

Falco, M. Methaqualone misuse: Foreign experience and United States drug control policy. International Journal of the Addictions, 11(4):597-610, 1976.

PURPOSE

The experience of other countries in regard to the nonmedical use of drugs has historically had little, if any, impact on the formulation of United States drug control policies. A recent example of this is the reluctance of the United States to consider foreign experience of methaqualone. Introduced to the U.S. in 1965, methaqualone was subject to only a simple prescription requirement, despite the fact that it was a major drug of abuse in other countries. It was not until 1973 that the drug was moved to a Schedule II classification, the most restricted classification available for dependency-producing drugs that also have accepted medical uses. A description of methaqualone, a history of its abuse in other countries, and documentation of the reluctance of U.S. officials to heed foreign reports of its abuse are presented.

SUMMARY

Pharmacology and Development

Methaqualone is a central nervous system depressant, effective for sedation and for sleep. Onset of sedative-hypnotic action occurs within 10 to 30 minutes of ingestion, and lasts between 6 and 8 hours. Unsuitable for intravenous injection, it is administered orally. Adverse physiological reactions to methaqualone include headache, hangover, menstrual disturbance, dryness of the mouth, nosebleed, dizziness, numbness, diarrhea, and anorexia. Very high doses can cause coma or death. The drug is particularly attractive to nonmedical drug users because in certain settings it can produce euphoric effects. Nicknamed the "love drug," methaqualone has developed a widespread reputation among drug abusers as an aphrodisiac because it induces disinhibition and has been reported to produce paresthetic effects or tingling sensations.

Methaqualone was first synthesized in India in 1951 during the course of research on antimalarial agents. Although ineffective against malaria, methaqualone's pronounced sedative-hypnotic qualities were soon discovered and praised. The belief that the drug was at least as effective as, and safer than, the barbiturates and other sedative-hypnotics was the major factor in its rise to popularity in Europe and Japan in the early 1960's. Only after reports of acute overdose began to mount was the drug's suitability as a freely available, general purpose sedative-hypnotic questioned. In the 1960's, methaqualone became a drug of nonmedical use in France, Italy, Sweden, Argentina, Norway, Ireland, and Australia. The major episodes of misuse, however, and the most fully documented, occurred in Germany, Japan, and Great Britain.

Germany

Methaqualone was introduced to West Germany in 1960 and to East Germany in 1962. In both countries, the drug was sold over the counter, without prescription, and it quickly became widely used and abused, particularly by young people. German researchers stressed the importance of the extensive advertising of methaqualone as a safe drug in the period after thalidomide had been taken off the market as the major factor in the drug's rapid rise to popularity. By 1962, however, the first published reports of fatal overdose appeared in the German medical literature. The frequency of methaqualone overdose increased rapidly after three other nonbarbiturate sedative-hypnotics were removed from the retail, over-the-counter West German market in 1962. Of the total 300 sedative-hypnotic overdose cases treated at the Berlin Reanimation Center in 1962, 23.4% were caused by methaqualone alone or in combination with other drugs. In 1963, the drug was put on a prescription basis, and it was reported that the number of methaqualone overdose cases subsequently declined. In the early 1970's, methaqualone became a popular drug of abuse among American military personnel stationed in Germany, and continues to be used recreationally, usually in conjunction with alcohol. Overdoses are reported to be fairly frequent.

Japan

Methaqualone was introduced to Japan in October 1960, and was freely available without prescription. Soon it became widely used for nonmedical purposes, particularly among juvenile drug users. Dr. Masaaki Kato (1969, 1972, 1974), a primary authority on the epidemiology of drug dependence in Japan, reported that in the period from April 1961 to December 1962, 1,942 youths arrested for delinquent activities had "abused" methaqualone. Almost all of the youths were arrested in groups, having taken the drug in particular coffee shops. Usually the group leader distributed the drugs to the other members of the group. The majority of arrested youths lived in Tokyo; males outnumbered females nearly three to one. The largest number of abusers were 15 years old, which Kato hypothesized was the result of anxiety over their educational status. At the age of 15, compulsory education ends and admission to the prestigious high schools is extremely competitive and anxiety-arousing; hence, the popularity of methaqualone's sedative effects. Kato also found that 43% of drug abusers treated in mental hospitals between 1963 and 1966 had abused methaqualone. The Japanese government responded quickly to the situation. In 1961, the government required methaqualone containers to carry the designation, "Warning--Habit Forming." In 1964, additional measures were taken and the drug was allowed to be sold by pharmacies only. Although it continues to be available without prescription, no pharmacist, manufacturer, or importer is permitted to sell or give the drug to anyone unless the recipient completes a form giving his name, the drug's intended purpose, the date of transfer, and the name, address, and occupation of the person receiving the drug. No one under the age of 14 is allowed to receive the drug. According to the Japanese Ministry of Health and Welfare, these measures have curtailed the nonmedical use of methaqualone, particularly among young people.

Great Britain

Methaqualone was introduced to Great Britain in 1959. The promotion of the drug was low-key, and between 1959 and 1966 only five instances of misuse were reported; these involved people who were already habitual users of alcohol or barbiturates. By 1965, the demand for a nonbarbiturate, "safe" sleeping pill, given even greater impetus by the recent thalidomide disaster, brought about the emergence of a pill called Mandrax, which contained 250 mg of methaqualone and 25 mg of an antihistamine. Following its introduction, the nonmedical use of methaqualone spread rapidly. Mandrax overdose became increasingly frequent. By the end of 1967, Mandrax was the third most frequent cause of overdose, accounting for 10% of all overdose cases.

Mandrax developed a reputation among recreational and habitual users for its easily achieved euphoric effects. The drug also became popular with heroin addicts, who demonstrated a marked preference for it as a way of dealing with their chronic insomnia. A survey of heroin addicts receiving treatment at three London clinics during the summer of 1969 found that 91% had used methaqualone at some time and that 51% used it daily. Many of those who misused the drug were first introduced to it by legal prescription, or through friends or acquaintances who had legal access to the drug. When heroin became more restricted in April, 1968, and injectable amphetamine was withdrawn from the retail market 6 months later, Mandrax misuse among the addict community increased sharply. Since 1971, the legal restrictions regarding the distribution and use of methaqualone have increased considerably and, as a result, the prescription of the drug has dropped by 60%.

U.S. Response to Foreign Experience with Methaqualone

The experience of Germany, Japan, and Great Britain was virtually ignored by U.S. drug officials until 1973, after the well-publicized wave of methaqualone misuse in this country had become an issue of national concern. Only then did officials cite the experiences of Germany, Japan, and Great Britain to show that methaqualone had an extensive history of misuse. Yet, this same material had been available in the world medical literature as early as 1966; in 1970, the World Health Organization Committee on Drug Dependence, concluding that methaqualone's liability to abuse constituted a risk to public health, recommended that it be subjected to international control. Until 1973, however, federal officials did not give much weight to the foreign reports. Despite the German, Japanese, and British reports available at the time, the Food and Drug Administration in 1967 approved the marketing of a new 300 mg dosage unit of Quaalude, twice the amount of methaqualone that had previously been contained in a single tablet.

CONCLUSIONS

Foreign experience with methaqualone sounded a clear warning years before the drug was subject to controls in this country. Perhaps if the response to the foreign experience had been more thorough, the need for subjecting methaqualone to the stringent controls of Schedule II could have been averted. At the very least, the foreign reports on methaqualone should have encouraged more careful scrutiny of the promotional claims of the domestic methaqualone manufacturers, as well as an earlier reevaluation of the controls appropriate for the drug.

Kielholz, P. Present problems of drug dependence in Switzerland. Bulletin on Narcotics, 22(2):1-6, 1970.

DRUG	Multi-Drug
SAMPLE SIZE	1,964
SAMPLE TYPE	Treatment
AGE	Not Specified
SEX	Both Sexes
GEOGRAPHICAL AREA	Switzerland
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaire; Program/Clinic Statistics
DATE(S) CONDUCTED	1965
NO. OF REFERENCES	13

PURPOSE

In all civilized countries there has been a great upsurge in the number of drug dependents. In Switzerland, too, drug dependence, especially to hypnotics, analgesics, and stimulants, is on the increase. The growing abuse of these drugs induced the Swiss Conference of Sanitary Officials in 1965 to order a national inquiry on the state of drug dependence in Switzerland.

METHODOLOGY

The inquiry covered psychiatric and medical clinics, every fifth doctor with a general and specialized practice, pathological institutes, the Swiss statistics office, and chemists and drugstores. A record was made of all first admissions of drug-dependent patients to the psychiatric clinics from 1955 to 1964. Ninety-seven percent of the clinics participated, and questionnaires were returned for evaluation, showing 1,964 drug dependents being treated for the first time at the clinics in the course of a decade. Drug dependence was defined as when a drug, by virtue of its effect on the central nervous system, produced indomitable psychic craving or physical dependence or both.

RESULTS

Dependence increased steadily between 1955 and 1964. Prime hospitalizations went from 100 to over 280 (from 60 to over 180 women; from 40 to about 80 men). The chief object of drug dependence in Switzerland was the group of nonbarbiturate hypnotics, which resulted in a rise in hospitalizations from 25 to about 105 (from about 15 to 80 women; from about 12 to about 30 men). The number of hospitalizations of dependents on analgesics also increased from about 40 to 100 (from about 30 to 80 women; from about 8 to about 20 men).

In Switzerland, the abuse of "mild" analgesics increased after the Second World War, with women predominating (80%), especially working women and housewives in urban environments. They took the drugs to alleviate pain, which in 90% of cases was a psychosomatic concomitant of the emotional tension created by multiple demands posed by urban life, jobs, housework and families. After 1962, the abuse of stimulants also rose. Dependence on stimulants occurred in younger age groups than with other drugs; in these age groups, they were used for weight loss, to ward off fatigue, to enhance sports performance, and to intensify erotic experience. Amphetamine sulfate and methamphetamine predominated. Prime hospitalizations for emphetamine dependence went from about 8 to about 25 (5 to about 20 for women; about 3 to about 15 for men). In spite of the widespread use of tranquilizers in Switzerland, only occasional cases of addiction were seen. The risk ratios calculated for the individual drugs on the basis of the sales figures and the incidence of addiction were: for analgesics, a risk ratio of 1; for hypnotics, 2.7; for stimulants, 3.8; and for tranquilizers, 0.2.

CONCLUSIONS

On the strength of the results of this all-Swiss inquiry, it is proposed that: (1) all hypnotics and stimulants be available on compulsory prescription only; (2) the packings bear a warning against abuse; (3) advertising to the general public be forbidden; (4) the public be continually informed of the dangers of drug dependence; and (5) continuous prospective research be undertaken to detect new trends in drug dependence in order that specific prophylactic measures can be taken.

Hobi, V.; Ladewig, D.; Dubach, U.C.; Miest, P.-Ch.; and Ehrensberger, T. Analgesic abuse and personality characteristics. International Journal of Clinical Pharmacology, 13(1):36-41, 1976.

DRUG	Analgesics
SAMPLE SIZE	338
SAMPLE TYPE	Industrial Workers
AGE	Adults (35-54)
SEX	Female
GEOGRAPHICAL AREA	Switzerland
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Freiburg Personality Inventory
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	34

PURPOSE

The personality of drug abusers has been explored by many researchers. In English-speaking countries, multidimensional personality tests have enabled investigators to study premorbid personality structure, and the relationship between personality, choice of drug and development of abuse. Using a translated version of the Freiburg Personality Inventory, a group of female analgesic abusers was studied.

METHODOLOGY

Subjects consisted of 338 female industrial workers in Switzerland who were taking part in a five-year prospective study on renal disease and diabetes mellitus. The age of the women ranged from 35 to 54 years. Of the 338 women, 59% were nonconsumers of analgesics and 41% were consumers of analgesics (one positive test for analgesic intake in at least one urine sample). The consumer group was compared to the nonconsumer group in terms of scores on the Freiburg Personality Inventory (FPI). The consumer group was further divided into "high intakers," "medium intakers," and "low intakers"; these subgroups were compared to the nonconsumer group and to each other.

RESULTS

There were significant differences in five FPI scales between the consumer group and the nonconsumer group. The consumers tended to be more nervous ($p<.001$); aggressive ($p<.001$); depressed ($p<.02$); excitable ($p<.04$); emotionally labile ($p<.02$); and psychosomatic, tense, and inhibited ($p<.01$). A similar difference was found between "high intakers" and nonconsumers. There were no differences between "high intakers" and "medium intakers" on any of the FPI scales. "High intakers" differed from "low intakers," particularly by being more nervous ($p<.02$), psychosomatic and inhibited ($p<.001$), withdrawn ($p<.02$), irritable ($p<.03$), and introverted ($p<.001$). There was no difference in scores between the "low intakers" and the nonconsumers.

CONCLUSIONS

Consumers can be differentiated from nonconsumers in their operationally defined personality characteristics. In addition, high intakers can be distinguished from low intakers, but medium intakers cannot be distinguished from low intakers, and low intakers cannot be distinguished from nonconsumers. Thus, while this study has yielded much about the personality characteristics found to contribute towards a differentiation, effective description is not simple. It can be said that the most important differentiating features lie in the areas of general psychosomatic disturbances, irritability tinged with dysphoria, and psychosocial and emotional immaturity and lability.

Viani, F.; Paracchi, G.; Balzani, A.; and Fallini, G. Drug abuse in adolescence: Some remarks on individual psychopathology and family structure. Acta Paedopsychiatrica , 42(4):145-151, October 1976.

DRUG	Multi-Drug
SAMPLE SIZE	40
SAMPLE TYPE	Treatment
AGE	Adolescents; Adults (range 13-19)
SEX	Male
GEOGRAPHICAL AREA	Milan, Italy
METHODOLOGY	Case Studies
DATA COLLECTION INSTRUMENT	Interviews; Questionnaire; Program/Clinic Statistics
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	10

PURPOSE

Drug addiction in adolescence has been studied primarily from the sociodynamic and psychoanalytic point of view. In this study, variables related to the composition of the family and to personality characteristics were examined in a group of young drug addicts.

METHODOLOGY

Subjects consisted of 20 drug-addict patients at two Milan, Italy, health facilities. All were male and between 13 and 19 years of age, with a mean age of 16.6 years. Half the subjects were outpatient clients, and the other half were inpatients for variable time periods. Initial clinical diagnosis was neurotic disorder in 8 cases, psychopathic disorder in 8 cases, and psychosis or prepsychosis in 4 cases. Illicit use of drugs began at the age of 12 years in 3 cases, at 13 years in 4, at 15 years in 7, at 16 years in 4, and at 17 years in 1. The drugs used were amphetamines, morphine, heroin, cocaine, LSD, and marihuana. Almost all of the subjects were multiple drug users.

A control group of 20 nonusing patients was selected for comparison purposes. The control group was matched with the experimental group for age, sex, socioeconomic status, intelligence level, and clinical diagnosis.

RESULTS

Order of birth and personality of parents did not distinguish the users from the nonusers. However, the presence of brothers or sisters with characterological, psychopathological problems and sibling rivalry was significantly higher in the experimental group than in the control group ($p<.01$). In addition, the presence of a "family satellite" was found significantly more often ($p<.001$) in the families of the users than in the families of the nonusers. The family satellite is a person in the extended family who plays a decisive role in the family, acting as a substitute for one of the parents (usually the father), at the same time playing an important part in regard to one of the children. Significantly more ($p<.01$) of the users than the nonusers were partially separated from one or both parents (i.e., where during the separation period there was a possibility of a partial contact, such as in parental separation or divorce).

There were no differences between the two groups in terms of vigilance, attention span, general comprehension, ideation, motivation and mood. Significant differences ($p<.01$) were noted in regard to memory, critical sense and judgment, with the users having a net reduction in memory capacity, both immediate and long-term, and a poor ability to criticize, evaluate and judge objectively personal and external events.

CONCLUSIONS

The presence of a "family satellite" together with the high frequency of partial separations and the intense and frequent alteration of sibling relationships suggests that the family of drug addicts presents evident and specific malformations. Disturbances of memory and critical sense seem to fit into the acute observations of Cassiers, according to whom psychopaths present typical temporality disturbances, as they live in a dimension of time fixed to the present, unable to form ties with their past or projections in the future. However, in this study, the same number of subjects in both the user and nonuser groups were classified as psychopaths; thus, the use of the diagnosis of psychopathic personality for drug-dependent adolescents might seem arbitrary. Drug addiction, it appears, arises more easily in a "mixed" type of personality. The psychopathic component serves as the basic structure on which eventual neurotic or psychotic elements can superimpose themselves.

Zerbetto, Riccardo. An overview on drug abuse in Italy. Addictive Diseases, 3(1):43-50, 1977.

PURPOSE

Drug abuse in Italy has become a social problem only in recent years. Until 1970, young drug users were mainly Italian "hippies," artists, high-income and upper-class individuals, or foreigners using such drugs as hashish, LSD, cocaine, stimulants, depressants, or opium, in very limited groups. With an increased availability of opiates on the black market, the phenomenon has spread into the lower-middle class with sharp progression. A review of the drug problem and its social aspects is presented here.

SUMMARY

According to statistics obtained at an addiction treatment center in Rome, all those interviewed at the center smoked cannabis. Twenty percent began use less than three years prior to treatment, 65% between 3 and 7 years, and 20% had smoked for a period longer than 7 years. Both hashish and marihuana were used. Heroin has recently replaced morphine as the most-used opiate; this change has occurred because of increasing availability of the drug on the black market. Fifty-three percent of the patients had never used barbiturates or had used them only occasionally. Twenty-five percent had used them more often, in higher doses for a short period of time, and 20% had used them intravenously in high doses for an extended period of time. Twenty-two percent admitted having used amphetamines for a short period of time, and 34% reported use at high doses, often intravenously and for long periods of time. All persons had had experience with LSD (the majority between 10 and 100 times). Fifty percent reported occasional use of cocaine; 12% used it more frequently; and 5% abused cocaine for long periods with high doses, both sniffing and shooting intravenously. Nearly 50% of the patients had experience with pentazocine. Other drugs used were codeine, methylphenidate, phenmetrazine, and methadone.

A study at the University of Florence showed that among addicts, 15% came from the lower and upper classes, which represented only 5% of the total population. While all social classes were involved in the drug abuse problem, the social classes at the extremities of the social range were the most involved. The age of initiation to drug abuse was about 17 years and, in some cases, at 13 and 14 years of age.

In a study conducted between 1972 and 1974 at six junior and senior high schools in Rome, it was found that 5.4% of the students had used drugs. Of this figure, 3.3% had used only cannabis; 0.4% each had used LSD, opiates, and psychodrugs; and 0.9% had used other drugs. However, 79.5% thought that more than 10% were using drugs from time to time, and 62% thought that drug abuse was a serious problem. Seventeen percent of the students with drug use experience belonged to families where psychodrugs were regularly (4.7%) or irregularly (4.8%) used. The main motivations for using drugs were social dissatisfaction (30%), search for emotions (23%), weak personality (13.5%), psychiatric trouble (2.8%), and other reasons (31.7%).

While in 1967, there were only 73 recorded cases of addiction in Italy, in 1974 there were 1,165 cases. At the end of 1975 a new ordinance was enacted which stated that possession of small amounts of any kind of drug for personal use would no longer be a criminal offense. Medical and rehabilitative programs rather than legal procedures are now recommended for intoxicated persons arrested with small quantities of illicit drugs.

CONCLUSIONS

Even if the phenomenon of drug abuse is faced at the present time in a specific therapeutic manner, emphasis should be placed on the social and political aspects of this problem. It is suggested that it may be dangerous to fight and to remove the symptoms of maladjustment in a society without taking political decisions to verify, and eventually to modify, some values and social patterns on which society is established.

Madeddu, Alberto, and Malagoli, Giannangelo. Drug dependence in Italy: Some statistical, clinical and social observations. Bulletin on Narcotics, 22(4):1-11, 1970.

DRUG	Multi-Drug
SAMPLE SIZE	Not Specified
SAMPLE TYPE	General Population
AGE	Not Specified
SEX	Both Sexes
GEOGRAPHICAL AREA	Italy
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics; Questionnaire; Newspaper Reports
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	17

PURPOSE

In a statistical study published in 1965 (Madeddu et al., 1965), it was stated that the number of persons dependent on the classical narcotic drugs in Italy was small. Some further statistical, clinical, and social observations were made on drug dependence in Italy.

METHODOLOGY

Data were obtained from research findings of other investigators, from questionnaires regarding drug use administered to high school students, and from statistics gathered at health facilities.

RESULTS

During the first five years of the 1960's, deaths due to drug poisoning amounted to a few dozen a year, and the total number of drug addicts hospitalized or admitted to nursing homes was assumed not to exceed 500. Italy is notoriously one of the main countries of transit for illicit traffic; however, until recently, this did not seem to have influenced Italy's drug dependence tendencies. Figures on the psychiatric treatment of drug dependence in psychiatric institutes confirmed that, in Italy, the number of classical drug addicts was small enough to upset the view that opiates such as morphine and cocaine constituted a social danger. While in 1966, 2,671 males and 264 females were admitted to institutions for various forms of alcoholism, the corresponding figures for drug addiction were 6 males and 3 females for addiction to morphine, 4 males and 2 females to barbiturates, and 5 males to amphetamines; 4 males and 2 females had undefined drug addiction.

Hallucinogens are so easy to obtain in Italy that they place an artificial paradise within the reach of the general public and of the members of the "affluent society." "Proselytism" through the media has already obtained more serious epidemiological results than those of the "contagion through books," which were noted many decades ago among opium and morphine addicts. Replies to an anonymous questionnaire initially circulated in secondary schools in Milan to obtain data on the use of alcoholic beverages showed a tendency among young people either to associate alcohol with psychodrugs or to consume ampetamine or similar substances allegedly as stimulants, but for purposes unrelated to examinations or a desire to learn. Consumption of hard drugs was only rarely admitted.

In the psychiatric admission office of the Maggiore Hospital at Milan, of 1,900 persons examined in 1968, a total of 10 men were registered for drug dependence: three addicted to amphetamines, three to barbiturates, two to morphine, one to hallucinogens, and one to an unspecified drug. Four female addicts were registered: two addicted to analgesics, one to amphetamines, and one to barbiturates. All came from Milan. In addition, 20 men and 20 women were detained in the psychiatric clinic for various forms of drug dependence. For males, types of drug dependence were: hallucinogens (5), barbiturates and similar substances (7), morphine and cocaine associated with and added to alcohol (5), amphetamines (1), tranquilizers (1), and antineuralgics (1). For females, types of drug addiction were: tranquilizers and antidotes to anxiety (8), antineuralgics (4), barbiturates (2), psychotropics associated with alcohol (2), hallucinogens (1), and unspecified analgesics (3). In the absence of intermediate centers and structures, current attitudes involving a refusal to confine persons to an asylum reflect a moral and medical position in which the association of disease with guilt is again being propounded in terms which are out-of-date and senseless.

CONCLUSIONS

Drug dependence trends in Italy seem to show the predominating influence of social and cultural factors, and the importance of "milieu," as causes of rebellion and of the spread and continuance of the appetite for drugs. In this connection, the change appearing in toxicological tendencies among the Italian people is significant. For years Italy has been anchored in certain traditions and habits; wine is the national beverage. In some pyschiatric institutes in northern Italy more than 50% of the male patients have been admitted for various forms of alcoholism. Today, under the flood of media "messages" side by side with the old problems of alcoholism, recourse to drugs publicized as a consumer commodity has taken root in Italy where adequate welfare institutions and measures are practically nonexistent.

Stefanis, C.; Ballas, C.; and Madianou, D. Sociocultural and epidemiological aspects of hashish use in Greece. In: Rubin, Vera, ed. Cannabis and Culture. The Hague: Mouton Publishers, 1975. pp. 303-325.

DRUG	Hashish
SAMPLE SIZE	3,021
SAMPLE TYPE	Hashish Users
AGE	Adolescents; Adults (16+)
SEX	Male
GEOGRAPHICAL AREA	Greece
METHODOLOGY	Statistical Survey
DATA COLLECTION INSTRUMENT	Police Records
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	30

PURPOSE

The sociocultural and epidemiological characteristics of Greek hashish users were examined with the help of data from the archives of the Greek narcotics control authorities. The goal of the study was to determine the representativeness of the total hashish-smoking population of Greece in terms of the general Greek population, and to what extent an experimental sample from earlier clinical studies is representative of the total Greek hashish-using population. An historical account of hashish use in Greece is also presented.

METHODOLOGY

Archival records of 3,021 male hashish users were obtained from the Athens Metropolitan Police, the Piraeus Metropolitan Police, and the Athens Suburban Constabulary. The archival search was conducted by a psychiatrist and a social worker. The records contained information on the user's name, nickname, parents' name, place of birth, date of birth, place of residence, occupation, and illegal activities. The records studied covered the period 1958-1973. These data were compared to statistics obtained for the total Greek population and for a previously studied experimental group of 58 hashish users.

RESULTS

While it is clear that ancient Greeks were aware of the use of cannabis by neighboring peoples, there is no evidence to indicate that they utilized it in any way or that hashish was incorporated into the Greek cultural inventory before the mid-nineteenth century (Ballas, 1968). Socioeconomic conditions and geographical centrality were key factors leading to the introduction of hashish to modern Greece, first in the island of Syros and then to other port cities. By the last decades of the 19th century it was being openly and systematically cultivated for local use and export. Until the 1960's, hashish use in Greece was limited to the working class. Although the narcotics laws became increasingly severe and passed through various stages from 1932 to 1970, they were not strictly enforced. The latest version of the law, which is enforced, can be summarized as follows: a drug addict is confirmed as such by designated government officials, and is then considered "sick" and subject to "attenuating circumstances" in the required court trial. While the rate of hashish use among the lower class continues to fall, a rise in its use can be seen among the teenage and student populations of the middle and higher classes.

Since the 1950's, Greece has become an industrially developed country. There has been a large-scale movement of people from rural to urban areas; the proportion of the agricultural population has shifted from 55% to 35%. The urbanization process appears to be even more significant for hashish users, as revealed by a comparison of places of birth and present residence of the total hashish population. In the region of Athens, for example, the proportion of the hashish-using population who were locally born was 50% less than the provincially born hashish-using population which had migrated to the urban center. By contrast, the hashish-using population of the provinces has been greatly reduced. For example, in the Peloponnesus, the proportion of users dropped from 17.57% to 4.83%.

Based on police records of users for the period 1958-1973, it was found that users tended to be concentrated in certain areas, primarily in the general area of Athens (almost 77%). They were also predominantly in the working class (61.6%). A high proportion were unemployed or supported by underground activities (21.38%); a smaller proportion (12.74%) belonged to the middle class. The peasantry (4.14%) and upper class (0.11%) supplied the smallest number of hashish users. The rate of unemployment among the hashish users (21.38%) was higher than that of the general population (4.9%). This difference was statistically significant ($p<.001$). Hashish users also were more often divorced, separated, widowed, or cohabiting than the general Greek population ($p<.001$), and tended to be older (with a mean age of 44.46 years versus 41.32 years). They were also less educated, with a mean of 5.06 years of schooling, compared to 5.49 years.

A comparison of age in the total hashish population and the experimental sample indicated no significant difference between the two groups. The total population tended to be significantly more educated than the experimental sample ($p<.01$), with 5.06 years of schooling for the total population compared to 4.01 years for the experimental group. The experimental group also started using hashish at an earlier age (18.05 years) than the total hashish-using population (23.52 years). This was significant at the $p<.001$ level.

CONCLUSIONS

Hashish users in Greece come primarily from the working class and are differentiated from the general population with regard to age and education. On the other hand, the experimental sample is representative only of the lowest urban working class, and is differentiated from the total hashish population of Greece by lower levels of education and earlier starting ages for the smoking of hashish. The differences between the experimental and total user groups may be attributed to the selection criteria of the experimental study, in which only heavy chronic users were sampled. The total hashish-using population exhibits various degrees of use--from very occasional to heavy.

Kilibarda, M., and Zizic, V. Epidemiological aspects of drug dependence in Yugoslavia. In: International Council on Alcohol and Addiction. Papers Presented at the 4th International Institute on the Prevention and Treatment of Drug Dependence, Belgrade, 1973. Lausanne, Switzerland: the Council, 1973. pp. 5-11.

PURPOSE

The epidemiology of drug abuse and demographic and social characteristics of drug dependents in Yugoslavia was reviewed. Also examined were the personality characteristics and drug use patterns of drug abusers.

SUMMARY

Opium has been grown in Yugoslavia for more than a hundred years, and not until 1929 were the production and export of the drug under any control. Since the production of opium was banned in Turkey in 1971, Yugoslavia was left as the largest producer of raw opium in the so-called western opium region (Greece and Bulgaria produce opium in small quantities). Despite this production, morphine and heroin addiction do not create a serious problem in the country. However, since the late 1960's there has been a great change in the incidence of drug dependence in Yugoslavia. Before 1967, drug dependence was practically unknown; since that time, drugs of the cannabis type, amphetamine preparations, barbiturates, and most often various combinations of medications are being frequently abused, particularly among adolescents. A total of 180 drug addicts were registered in Belgrade between 1948 and 1968, while in 1969 alone 150 new cases were reported.

In a study of 600 drug abusers in Belgrade between 1967 and 1971, it was found that 70.8% were males. In the same time period, 293 hospitalized drug dependents were studied in Zagreb, and 57% were males. Of the Belgrade group, 86% were below 24 years of age, 19% were between 15 and 19, and 67% were between 20 and 24. This concurred with statistics reported by the Institute of Mental Health in Belgrade, where 91% of 526 drug abusers observed were under the age of 25.

Among the group of 600 drug abusers, 89.4% did not earn their living; over 85% were young people under the age of 24 who were not motivated to obtain a socially accepted existence. Of the sample of 526 drug abusers, 65% were intermediary school students and 13% were university students. Of the sample of 600 drug abusers, 95% were single (considering the percentage of younger persons observed, this is not surprising).

The phenomenon of drug abuse is found exclusively in cities. As a rule, young people most frequently take drugs in groups, at homes and apartments of young drug abusers, and rarely at other places.

In a group of 147 psychiatrically observed drug abusers, 34.7% had personality disorders, adolescent crises, maladaption syndrome and other psychiatric disturbances; 17% had a background of antisocial behavior (breaking into stores and pharmacies, distributing drugs, abuse of prescriptions, etc.). In another study of 296 hospitalized drug dependents, it was found that 31% of the patients were also alcoholics, 21% were neurotics, 27% were psychopaths, and 21% had psychoorganic syndrome.

In the sample of 600 drug abusers, it was found that the most frequent type of drug dependence was in the form of multiple drug use (60.6%), followed by the use of cannabis (27%), opiates (4.5%), and hallucinogens (1.8%). Use of various combinations of drugs results from the situation at the legal market in which the young people experiment with the most easily obtainable drugs. From the group of opiates, the most frequently used are raw opium, codeine, panopine, and other opiate-containing medications. Pill takers who mainly use drugs from the group of sedatives, analgesics and tranquilizers are usually middle-aged persons, primarily females.

CONCLUSIONS

Generally it could be said that because of difficulties in obtaining drugs, drug dependents in Yugoslavia are frequently combining various drugs, or replacing the basic drug with another one which is more easily obtainable (mostly from the group of medical preparations).

III. Scandinavia

III. *Scandinavia*

Denmark
Finland
Norway
Sweden

Ulff-Møller, Boel. Drug use among youth in Denmark in the spring of 1968. Studies among school pupils and other young persons under training. Danish Medical Bulletin, 18(5):105-111, 1971.

DRUG	Cannabis; Multi-Drug
SAMPLE SIZE	8,638
SAMPLE TYPE	Students; Vocational Trainees
AGE	Adolescents; Adults
SEX	Both Sexes
GEOGRAPHICAL AREA	Denmark
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaire
DATE(S) CONDUCTED	1968
NO. OF REFERENCES	4

PURPOSE

Under the auspices of the National Health Board of Denmark, a working group was established to collect information on the extent and nature of the use of drugs among Danish youth. Both school pupils and vocational trainees were surveyed to determine their drug use patterns and attitudes toward drugs.

METHODOLOGY

A total of 4,135 pupils from schools throughout the country were included in the sample. Also included were 4,503 youthful trainees in various vocational programs throughout the country. All subjects were administered a questionnaire which obtained information on their consumption of drugs.

RESULTS

Of the youths surveyed, 11.6% of the school pupils and 12.7% of the trainees had tried, had used, or continued to use drugs. Regular users (using at least twice a week) constituted 0.9% of the school pupils and 1.3% of the trainees. Cannabis was the drug most commonly used, with 75% of those reporting having tried or used drugs using cannabis exclusively. Of the regular users, 70% were male, 60% attended schools in the Copenhagen area, and most were between the ages of 17 and 19 years.

Eighty-seven percent of those subjects who were offered drugs were offered cannabis. Males were offered a greater variety of drugs than females, and young people aged 17-22 were offered the greatest number of different drugs. The majority (53%) were offered their first drug at a private get-together; thereafter, the most common place was a restaurant, club, or the street. The youths generally received their first offer of a drug from friends or acquaintances. Regarding their attitudes toward drugs, 75% of the youths stated that LSD was harmful, and 50% stated cannabis was harmful. In general, more drug users than nonusers felt it was harmless to use drugs. With regard to the prohibition of the use of drugs, 60% of the users did not believe that prohibition had any influence on their consumption. Only 5% said they would use more drugs if prohibition was lifted. Sixty percent of the subjects felt that prohibition of drugs was right; another 20% felt that a distinction should be drawn between cannabis and other drugs, with cannabis being legally available. Those subjects who did not use drugs were of the opinion that a great proportion of their closest friends also did not use drugs; in contrast, users put the proportion lower.

The use of drugs was closely related to the social status and education of the father. The higher the status and the longer the school education of the father, the more regular was the use of drugs among young people. A greater proportion of the drug users also came from so-called broken homes. School pupils using cannabis, however, did not have lower school marks than those who did not use drugs. Among young people who smoked and/or drank beer, wine or spirits, there was a greater proportion who at one stage or another had tried or used cannabis than was the case among those who neither smoked nor drank. A similar correlation was found between the use of tobacco and the use of cannabis.

Haastrup, S., and Thomsen, K. The social backgrounds of young addicts as elicited in interviews with their parents. Acta Psychiatrica Scandinavica, 48:146-173, 1972.

DRUG	Not Specified
SAMPLE SIZE	187
SAMPLE TYPE	Young Addicts
AGE	Under 25
SEX	Not Specified
GEOGRAPHICAL AREA	Copenhagen, Denmark
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	1968 - 1969
NO. OF REFERENCES	21

PURPOSE

This study is one part of a Danish hospital study, in which all young drug addicts admitted to psychiatric hospitals in the Copenhagen area during a 12-month period were interviewed. In the pilot phase of the hospital study, it appeared that the social histories of these patients differed from those of normal young people and other mental patients. There was evidence of an excessively high rate of broken homes and of parental mental illness, including alcoholism and drug abuse. It was decided to investigate these differences more thoroughly, particularly in relation to the drug abuse and social deterioration of the children. The purpose was, through interviews with the parents in the home environment, to discover any common factors in the children's social histories.

METHODOLOGY

Of the 350 young addicts comprising the original hospital study sample, 250 were selected randomly and asked if they would permit a supplementary interview with their parents. Of the 224 interviews planned, 187 (83%) were carried through; 5% could not be found at the addresses given, and 12% declined to be interviewed. The interviews took place in the parents' homes, utilizing a structured questionnaire. At the time of the interviews, nothing was known about the specific patient except his name, the name of the hospital to which he had been admitted, and any hospitalizations of his parents for mental illness.

RESULTS

The social and psychiatric factors showing statistically significant differences between the young addicts' parents and those of normal young people were the number of broken homes, the number of fathers more than 40 years old at the time of the child's birth, and the mothers' use of psychoactive medicines. In the socioeconomic distribution, the highest and the lowest socioeconomic classes were overrepresented. There was no difference between the young addicts' parents and those of the normals with regard to: standards of housing, moves from rural to urban areas, unmarried mothers, fathers' psychiatric admissions, fathers' use of psychoactive medicines, and mothers' misuse of alcohol.

A large percentage (68%) of the addicts' parents had sought assistance from public agencies before the abuse began, and a high percentage of the parents admitted that there were problems with the child (these factors were somewhat overrepresented in the lower social classes). Many of the children had psychiatric or parapsychiatric admissions prior to their drug use, but there was no significant relation between these admissions and their parents' psychiatric hospitalizations.

The expected relationship between both lower social class and broken homes and multiple hard drug misuse was found. There was no correlation between the percentage of schizophrenics among these hospital-admitted drug misusers and their parents' psychiatric admissions. Schizophrenics had a significantly lower percentage ($p<.001$) of broken homes than did other misusers, which can be explained by the fact that schizophrenics who become involved with drugs are quite different from other drug misusers, both in symptomatology and in social background.

Hard drug abuse and lower social class standing were strongly related to poor adjustment; those who had been involved with hard drugs were significantly more likely to be unemployed ($p<.05$).

CONCLUSIONS

The parents interviewed were cooperative and seemed to be well informed about their children on all points except their misuse of drugs. It is impossible from the results of this study to extrapolate the factors which could form the basis for a program of prevention. A number of the psychiatric and social factors which are found with increased frequency among the parents of deviants were found frequently among these parents. However, the socioeconomic distribution was clearly different from that which is usually found in the parents of deviants, because there was an overrepresentation in both the highest and lowest social classes. This finding seems to be due to the spread of drug abuse in Denmark from the highest to the lowest social classes.

A higher incidence in the highest social classes was found, in contrast to the results of studies from a number of other countries. This should be seen in light of the fact that psychiatric units are better integrated in the total hospital system in Denmark than in many countries. Generally, it can be stated that the children who came from higher social classes used drugs less and had less-severe problems than the children from the lowest social classes. Caution should be exercised in interpreting this observation, because the possibility exists that children from higher social classes were admitted to the hospital sooner with less-advanced and less-severe drug problems than those from the lower social classes. The follow-up data shed some light on this problem. The prognosis was found to be best when high social class and less-severe misuse occurred together. Among hard drug users, those from the highest social classes had less-severe problems than those from the lowest social classes.

104

Winsløw, Jens J.B. Drug use and social integration. International Journal of the Addictions, 9(4):531-540, 1974.

DRUG	Hashish
SAMPLE SIZE	251
SAMPLE TYPE	Students
AGE	Adolescents
SEX	Not Specified
GEOGRAPHICAL AREA	Hjørring, Denmark
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaire
DATE(S) CONDUCTED	February 1972
NO. OF REFERENCES	11

PURPOSE

Many investigators have attempted to view the increasing nonmedical use of drugs from a diffusion theory point of view, with reasonable empirical success. It has been repeatedly found that young drug users resemble other groups of innovators or introducers on variables such as sex, socioeconomic background, educational level, and self-reported level of interaction in peer groups of many kinds. Another guiding approach for the empirical study of drug use has been the subculture theory in its Beckerian form (Becker, 1963). In this study, the two hypotheses were tested: (1) the diffusion hypothesis--that hash users, being innovators or introducers of a new mode of recreation into their social environments, are better integrated in their school classes than their noninnovating peers; and (2) the subculture hypothesis--that hash users, engaging in recreational activities that are regarded as deviant by the majority of their immediate peers, tend to form subgroups within their school classes.

METHODOLOGY

A questionnaire was administered to 251 students in their ninth school year in the municipal schools of Hjørring, Denmark, between the 22nd and 24th of February 1972. The sample comprised 14 of the 18 classes of students in their ninth year in the nine schools of the municipality. The questionnaire included 23 questions on: the students' own use of hash, amphetamines, opiates, and "strong" hallucinogens (LSD, STP, and mescalin); the students' sex, department in school, age, and filing number; their interest in the establishment of a municipal counseling center for the young; their participation in youth club, sports, and night school activities during the first seven weeks of 1972; and their rating of fellow classmates on the three sociometric integration dimensions of "interaction," "best like," and "leadership." The base number results were subjected to the Chi-square test with the categories "hash triers" and "hash users" collapsed into one, while the means presented were subjected to analyses of variance. The significance level was .05, except where otherwise stated.

RESULTS

The two hypotheses were rejected. Hash triers and hash users did not differ significantly from those who had not tried hash with respect to their relative sociometric status on the interaction dimension. On the like best dimension, there was no significant difference between hash triers and those who had not tried hash. However, there was a significantly higher proportion of hash triers and users among those receiving one or more choices on the leadership dimension than among the "isolates," i.e., those receiving no choice on this dimension ($p<.01$). However, when the analysis was confined to the "nonisolates," there was no statistically significant difference in the mean percentage of the choices which individual students received between hash triers and users on one hand, and those who had not tried hash on the other. Thus, the diffusion hypothesis was rejected.

For the subculture hypothesis, it was shown that: (1) hash users did not choose, and were not chosen, disproportionately by other subjects on the interaction dimension; and (2) hash users did not choose, and were not chosen, disproportionately by other subjects on the like best dimension.

CONCLUSIONS

The outcome must be said to be highly negative for both the diffusion and the subculture approaches. But it must be added that as long as no more convincing sociological alternative to the study of nonmedical or recreational drug use is offered, these two approaches will have to suffice.

Boolsen, M. Watt, and Knipschildt, H.E. Who uses what drugs in Denmark and some principles behind drug treatment programs. Journal of Drug Issues, 5(1):33-42, Winter 1975.

DRUG	Multi-Drug
SAMPLE SIZE	6,958
SAMPLE TYPE	Students; Others
AGE	Adolescents; Adults (14-22)
SEX	Both Sexes
GEOGRAPHICAL AREA	Denmark
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Questionnaires
DATE(S) CONDUCTED	1972
NO. OF REFERENCES	9

PURPOSE

Drug use among young people in Denmark is a relatively new phenomenon, with reports of drug law violators first occurring in 1965. Almost from the beginning, information has been collected about this social phenomenon. In order to determine the sociological aspects of drug use among young Danes, youths in two Danish communities were studied.

METHODOLOGY

In 1972, investigations were undertaken in two different areas in Denmark. Chosen because of their differences in size, population density, and distance from the capital, Copenhagen, it was expected that there would be differences in the results. In Roskilde, situated 30 kilometers from the capital, students between 14 and 22 years of age were studied. In the second area, an island north of Poland (Bornholm), students and nonstudents between the ages of 14 and 20 were studied.

In the educational system, the students were asked to fill out questionnaires. Outside the educational system, young people were visited by interviewers and questioned orally. The questionnaires dealt with sex, age, father's occupation, use of drugs, and attitude toward drug use.

RESULTS

Hashish and marihuana were by far the drugs most commonly tried and used among Danish students; in Roskilde the proportion was nearly 30%, while on Bornholm it was approximately 20%. The data indicated that there had been an increase in amphetamine use. In 1971, 3.7% of the students in

Roskilde indicated that they had tried this drug, compared with 7.6% in 1972. This increase was statistically significant ($p<.001$). Only a small minority of students had tried hallucinogens, opiates, or other drugs (3.5% in Bornholm and 5.9% in Roskilde). The majority (approximately 60%) of those who had tried hashish had not used the drug during the 30-day period prior to the study, and only about 1% to 4% of the students took hashish regularly (twice a week). The data did not indicate any differences between students and nonstudents in the Bornholm study group. Regarding attitudes toward drug use, only 7% of those who had not used hashish indicated an interest in trying the drug, while 85% were opposed to the thought or uninterested. Of those who had tried drugs, 17% asserted that they were going to continue using drugs, while 82% maintained either that they would not, or that they did not know.

CONCLUSIONS

Overall, the data indicated that a minority of young people have tried hashish in Denmark. Most of these had stopped drug use, approximately one-fourth wanted to continue use, and less than 10% could be characterized as regular users. Although there seems to be a slight decrease in the number of new drug addicts in Denmark today, there is evidence to support the belief that there is a hard-core group of drug users which accounts for an increasing rate of criminality and other social deviances. Efforts are being made to plan drug programs to treat the young drug abuser. Based on experience gained from treatment activities in Denmark, some recommendations are made:

1. The drug abuser must feel that treatment is adequate and can help him break the drug habit. It must make the abuser motivated for treatment, and must support him in his desire to function socially in a noncriminal environment.

2. When drug abuse is spreading in a new area, an early offer of coordinated social welfare and club activities as well as intensive treatment are the best forms of prevention.

3. Treatment is often necessary over a long period of time, and should be split into the following phases: (a) detection; (b) detoxification; (c) stabilization of treatment and rehabilitation; and (d) follow-up care.

4. Treatment should be planned to offer intensive personal contact and occupation.

5. Clients at different phases of treatment should be kept separate, as requirements are not the same for all phases. It may not be advisable to mix clients whose criminal offenses and drug abuse have been at different levels of seriousness.

6. The treatment program should provide for both preservice and in-service training of personnel.

7. The treatment program should facilitate close, multidisciplinary cooperation between the different groups participating in the project.

8. There should be close cooperation between treatment programs and other institutions and authorities involved in the prevention, detection, and reentry of clients into the community.

9. Efforts should be made to assess the results achieved from treatment.

Voigt, Jørgen; Dalgaard, Jørgen; and Simonsen, Jørn. Fatalities among drug users in the period 1968-72. Medicine, Science, and the Law, 15(4):265-269, 1975.

DRUG	Opiates
SAMPLE SIZE	156
SAMPLE TYPE	Narcotics Fatalities
AGE	Adolescents; Adults (15-40+)
SEX	135 Male; 21 Female
GEOGRAPHICAL AREA	Denmark
METHODOLOGY	Statistical Survey
DATA COLLECTION INSTRUMENT	Police and Hospital Records
DATE(S) CONDUCTED	1968 - 1972
NO. OF REFERENCES	0

PURPOSE

The severity of the problem of drug abuse in any country is reflected by the fatalities among its users. Accordingly, drug-related fatalities in Denmark have been analyzed since the first of these cases appeared in 1968. In this study, the characteristics of drug user fatalities observed in the years 1968-1972 in Denmark were examined.

METHODOLOGY

Information on 156 narcotics fatalities was obtained from all available sources, including police reports and records from hospitals and children's homes. Data included information on sex, age, marital status, occupation, residence, psychiatric diagnosis, drug use history, criminality, cause of death, social standing, and cause of abuse.

RESULTS

The data indicated that narcotics deaths occurred mainly among juveniles and young adults. A little over half (81 of 156) of the fatalities involved persons between the ages of 17 and 21; there were more males than females (135 versus 21). The number of these deaths grew during the years studied--from 9 in 1968 to 58 in 1972. Most (124) of the cases involved unmarried persons; this is not surprising since mostly young persons were involved. It was found that unskilled workers and persons without any occupation were in the majority (80 of 156). Most of the people had their residence in Copenhagen (108), and almost all (142) had lived in a city. Ninety-three cases had one or more psychiatric diagnoses, most of which involved deviation of character or psychopathy.

Regarding drug use history, the majority used cannabis preparations (117). Many of these mentioned cannabis as their debut drug, and it was characteristic that most often there was a mixed use of two or more drugs. The data indicated a tendency toward a growing number of deaths with a growing duration of drug use. For example, there were ten deaths reported among those who had used drugs for one year, while there were 36 reported for those who had used drugs for 5 years or more. In regard to criminality, about half of the persons had committed narcotics crimes (drug-pushing, or thefts from pharmacies or doctors' offices), and almost as many had committed other crimes, such as burglary and theft. Over half of the cases studied (51%) came from a low socioeconomic status level, and 53% had had severe domestic traumas (alcoholic parents, broken homes, and violence in the home). Cause of drug abuse was based on data for 55 cases. Seventeen admitted that "gang solidarity" motivated them to drug use, and 26 mentioned curiosity as their reason.

In most cases, an autopsy was performed. Among 110 cases, microscopic signs of hepatitis were found in 67. One hundred and thirty-three cases were investigated toxicologically. Poisoning was the most common cause of death (105 out of 133). Six of the drug users died in traffic accidents, and two burned themselves. The manner of death was in many cases difficult to determine. About half (48%) of the deaths were accidents. Many were indisputable suicides (27%), and 19% could not be classified.

CONCLUSIONS

The data indicate that, in the years studied, the number of narcotic deaths increased, and it seems that there is a rather close correlation between the group of dead users and the groups of living users found described in the literature on the narcotic problem. It looks as if those who die do not represent a special group, but form a random part of the total group of users.

Hemminki, Elina; Rissanan, Aila,; and Mattila, Antti. Drug use among school children in Helsinki 1970. British Journal of Addiction, 68:159-165, 1973.

DRUG	Multi-Drug; Hashish
SAMPLE SIZE	2,702
SAMPLE TYPE	Students
AGE	Adolescents (range 14-17)
SEX	Both Sexes
GEOGRAPHICAL AREA	Helsinki, Finland
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaire; Eysenck Personality Inventory (modified)
DATE(S) CONDUCTED	1970
NO. OF REFERENCES	21

PURPOSE

Many medical, psychological, and sociological studies have been made about drug users. However, most of them have concerned persons already influenced by drug abuse. A survey of school children was undertaken in order to determine differences between children taking and not taking drugs.

METHODOLOGY

Subjects consisted of 2,475 students from secondary schools in the Helsinki area. Three age groups were studied: 14-, 15-, and 17-year-olds. Students filled out a questionnaire on personal, family, and social background, and on drug-use patterns. They also were administered a modification of Eysenck's Personality Inventory. The survey was conducted in December 1970.

RESULTS

Regarding drug-use patterns, 22% of the students reported having used drugs. The majority of these (17%) were occasional users (having used a drug one to ten times); and 5% were regular users (using ten times or more). Fifty-four percent of the users had taken hashish, 4% had used paint thinner, 3% had used medicine, 1% had used central stimulants, and 38% were mixed takers or those who had taken drugs only once. There were no important differences found between boys and girls and between age groups.

There were no significant differences between users and nonusers on such social background variables as father's occupation, integrity of childhood home, home financial problems, unemployment, and troubles with police. However, there were small differences between groups on some of the variables: there had been unemployment in 10% of the nontakers' homes, and in 20% of the regular takers' homes. In addition, 6% of nontakers', compared to 13% of regular takers', parents were divorced. Occasional and regular users came from somewhat higher social classes; one-time users did not differ from nontakers. Between those taking mostly thinner and those taking mostly hashish, a striking difference was found. The lowest social class included 43% of the hashish takers and 70% of the thinner takers.

Home emotional stability was measured by such variables as mother working outside home, illness, use of medicine and alcohol, quarrels between parents, quarrels between child and parents, closeness to parents, spare time spent with the family, and intentions to run away from home. In every respect, emotional stability in regular takers' homes appeared to be poorer than in those of nontakers. Drug users also were truant more often than nontakers (29% vs. 6%), and did significantly worse ($p<.001$) in school achievement.

Drug users had more friends than nonusers, and spent less time alone. The users more often belonged to groups and dated more often. Thirty-seven percent of the nonusers had been offered drugs, but by a known person in only half the cases. In contrast, 89% of the first offers to regular users were made by a known person. Drug users also appeared to be more alienated than nontakers. Neuroticism was measured using neurotic symptoms chosen by the pupils. According to the symptom list, the drug users seemed to be more neurotic, contrary to the modified Eysenck instrument where no significant difference was found. The most important reason for not using drugs was lack of interest (54%), followed by being afraid of becoming addicted (20%), and being afraid of health (11%). The most important reason for taking drugs was judged to be curiosity (65%); however, only 31% of the youth thought curiosity was the most important reason for drug taking among youth in general. Other reasons for drug use were personal problems (25%), and social pressure--unemployment, society, etc.--(11%).

CONCLUSIONS

The results of this survey reveal the same trends as those obtained in earlier studies in Scandinavia. A characteristic feature of drug use in Helsinki is the overwhelming predominance of hashish above other drugs. In contrast to some studies, social class does not appear to be an important factor in drug use; a more important factor appears to be the emotional stability of the home.

Retterstøl, Nils. Use and abuse of dependency producing drugs in Norway. Journal of Drug Issues, 5(1):22-32, Winter 1975.

PURPOSE

In Norway, the use and abuse of dependency-producing drugs have traditionally been of moderate dimensions; in recent years, juvenile drug use and abuse have accelerated while adult use and abuse have remained at the same level. A review of the literature was undertaken to determine the drug use patterns and attitudes of Norwegian youth, and a description of government policy toward drug abuse is presented.

SUMMARY

Drug use surveys began in 1969 and were primarily conducted in Oslo and other large Norwegian cities. In that year, studies indicated that 5% of the adolescents surveyed were using cannabis. In 1970, cannabis was found to be used not only by Oslo youth but by youth in a small city in eastern Norway. In addition, these latter youths more often used amphetamines (2.7% vs. 1.9%) and more often sniffed glue (8.6% vs. 6%) than did the Oslo youth. By 1971, 15% of the Oslo youth had used cannabis. In 1972, the rate of use increased to 18.7%; by 1973, the rate of users decreased from 18.7% to 18.4% and seemed to be relatively stable.

Among special adolescent groups, it was found that 8% of the students at the University of Oslo in 1969 had some experience with one or more of a variety of drugs. The drug used most often was cannabis (4.5%), followed by stimulants (2.5%), opiates or cocaine (1.6%), solvents (12.%), and LSD (0.5%). Among young men conscripted for military service in the Oslo area, it was found that in 1969 8.3% of the conscripts had tried cannabis, 1.1% had used hallucinogens, 2.3% had tried stimulants, and 2.7% had tried opium preparations. Despite the widespread use of cannabis, 93% of the people questioned in a 1970 survey said that cannabis ought not to be sold freely. Even 70% of the cannabis users themselves were opposed to free sale.

Regarding drug use trends, it appears that cannabis use is no longer increasing, and alcohol appears to be replacing it as the drug of choice. Abuse by intravenous injection of amphetamines has not gained much ground in Norway. This is remarkable considering the magnitude of this problem in Sweden for more than ten years. However, trends indicate that the number of such abusers is increasing. As has been the case in other Western countries, consumption of the traditional hypnotic and sedative drugs has also gradually increased in Norway. However, only a small proportion of such uses is officially recorded. In 1970 the Ministry of Health knew about approximately 800 narcotic addicts, half of them residing in the Oslo area. The number of morphine addicts has remained relatively unchanged over the years, but the number of barbiturate and meprobamate abusers has dropped slightly. This is outweighed by a sharp increase in the number of benzodiazepine users, making the latter the largest group of addicts in Norway at present. Most important, multiple drug abuse, to an ever-increasing degree, characterizes the current drug scene. Heroin addiction is practically unknown in Norway.

Norwegian drug dependents are usually voluntarily hospitalized in various facilities for treatment. Psychiatric departments are becoming more numerous; they treat the patient for up to six months. The drug dependent may also apply voluntarily for admission to an alcoholism clinic which also accepts narcotic dependents for treatment. Only rarely is involuntary treatment in a hospital enforced in Norway. Some untraditional treatment models for young drug dependents have been developed, including a few collective enterprises--created in cooperation with the State Clinic for Narcotics or some other psychiatric institution--where young people are given responsibility and opportunities to do farming or forestry, or to become engaged in industrial activity. In Norway there are no treatment facilities like Synanon, and there is a skeptical attitude toward methadone maintenance. The government has shown its concern with the drug abuse problem by establishing a Central Council for Narcotics Problems which supervises four committees: (1) an interdisciplinary treatment committee, (2) an information bank, (3) a research group, and (4) a lecturing and instructional pool. In addition, the Norwegian narcotics laws are relatively strict. Use and distribution of dependency-producing drugs that are not subject to prescription are prohibited. This applies, among others, to cannabis. Infringement of the narcotics laws is punishable by a maximum imprisonment of ten years.

Goldberg, L. Epidemiology of drug abuse in Sweden. In: International Council on Alcohol and Addiction. Papers Presented at the 1st International Institute on the Prevention and Treatment of Drug Dependence. Lausanne, Switzerland: the Council, 1970. pp. 217-240.

PURPOSE

The introduction into a population of new types of drugs and new modes of drug use acting on the central nervous system may lead to new habits and attitudes, and new medical, social, economic, and psychological consequences that will constitute a risk to public health. The development of drug abuse in Sweden is described from an epidemiological point of view.

SUMMARY

Up to the end of the 1950's, abuse of narcotic drugs was a minor problem in Sweden. A 1954 survey indicated 146 cases (78% abused opiates, and 21% abused amphetamines), with no case under 20 years of age. The majority took the drugs for alleviation of symptoms of disease. The abuse of stimulants, mainly amphetamines, started in the 1940's and accelerated in the 1950's. By putting amphetamine on prescription (1939) and denoting it a narcotic drug (1944), widespread occasional use was curbed. Warnings sent out to physicians in 1960 and new prescription legislation in 1962 caused a drop in legal prescription of narcotic drugs. From that time, drug abuse was mainly based on illegally obtained drugs. The main increase in abuse of narcotic and other drugs started in the early 1960's, reaching its maximum at the end of the decade.

The results of a study carried out on a single day (October 5, 1966) in all Swedish hospitals showed a total of 556 individuals abusing different kinds of drugs. Their mean age was 37.1 years; 43% were single; 33% were married; and about 19% were divorced. The drugs most abused were hypnotics and sedative drugs (69%), followed by centrally acting stimulants (18%), opiates (7%), volatile industrial solvent (5%), and cannabis (1%). The mean ages for cannabis smoking and inhalation of volatile solvents were 17 and 20.8, respectively; for the abuse of central stimulants, 28.5; for hypnotics and sedatives, 41.5; and for opiates, 35.9. Mixed abuse of combinations of different types of drugs was common, and a high proportion of the older individuals were or had been alcohol abusers. When the study was repeated in April of 1968, there was an overall decrease in mean age (34.3 years), an increase in patients under 20 (8%), and an increase in cannabis smokers among juveniles (28.3% of those under 20 years of age).

A survey of all drug abuse cases seen by police during one month (June 1966) showed that of 510 cases, 25% were seen in connection with suspected criminal activity. Their mean age was 30 years; 73% were single, 13% were married, and 14% were divorced. The abuse of central stimulants dominated (49%), followed by hypnotics and sedatives (29%), sniffing (15%), cannabis (3%), opiates (2%), and other drugs, including LSD (2%). The same study repeated in 1968 showed an increase of juveniles (40.8% were under 20 years), and an increase in the proportion of cannabis smokers (34.8% of whom were under 20 years).

In 1968 and 1969, 20,034 conscripts 18 to 20 years of age were interviewed; a total of 19.7% had taken drugs. The main drugs used were cannabis (85%-90%), central stimulants (6%-12%), hallucinogens (0.5%-2%), and opiates (1%-2%). A larger percentage of the boys from larger cities as compared to boys from rural areas were users (23.5% vs. 9.4%).

For juveniles referred to social agencies, alcohol dominated (80%-90%), while among the rest, sniffing dominated until 1964. A survey of 130,061 students in primary and secondary schools (ages 14-22) was done in 1967. A total of 2.1% had taken drugs on one or more occasions, 1.5% on several occasions, and 10% on a daily basis. Three-fourths of the users smoked cannabis; the rest took central stimulants, hypnotics, sedatives, or LSD. The proportion of drug takers varied with age, with the highest proportion at 16 years of age. A study within this particular age group, comprised of 8,353 pupils, showed that more than one-third had been approached by pushers, and about 18.9% had taken drugs.

A general survey was conducted in Stockholm from July 1 to December 31, 1967. Altogether, 3,027 cases were found based on data from hospitals, physicians, and agencies and authorities

114

of all kinds. The median age of the cases was 23.7 years; 10% were married, 73% were single, and 13% were divorced. Abuse of central stimulants dominated (70%), followed by cannabis (27%), and hypnotics and sedatives (12%). Mixed abuse was common. About 946 individuals had infectious hepatitis, 87% of these abusing central stimulants by injection. Age distribution for the various types of drugs showed sniffing and cannabis smoking dominated among those under 20; injection of central stimulants, among those up to 30; and hypnotics, sedatives and opiates, among those over 30 to 40 years old.

CONCLUSIONS

Overall, drug use in Swedish society has taken on the following characteristics. Central stimulants dominate the picture, along with hallucinogens. Hypnotics and sedatives play a certain role among the older age groups. Also, the combined intake of different types of drugs is common. Among the newer modes of administration are injection of central stimulants and sniffing of volatile industrial solvents. Juveniles under 20 years of age constitute from one-third to one-half of the population of drug abusers. The motivation among a large proportion of drug-takers is to a great extent dominated by the search for new sensations, paralleled by the fact that in drug-abusing individuals, especially among the younger age groups, there is a high proportion of individuals with deviant personality traits. The higher incidence of injection has increased the frequency and severity of complications (e.g., infection at the site of injection, abscesses) which are dangerous to the patient as well as to others. Finally, drug abusers show a higher mortality rate (10-20 times that of the normal population). Changes in the environment also occur, including changes in family relations, the emergence of subcultures, an increased use of illegally procured material, and an increase in criminality and other social phenomena. Factors which enhance the spread of drug abuse include the increase in mass communication as well as increased methods of traveling from one country to another.

Herulf, Bengt. Narcotic consumption among school children in Stockholm. In: Sjöquist, Folke, and Tottie, Malcolm, eds. Abuse of Central Stimulants. Stockholm: Almquist and Wiksell, 1969.

DRUG	Hashish; Stimulants
SAMPLE SIZE	8,500
SAMPLE TYPE	Students
AGE	Adolescents
SEX	Both Sexes
GEOGRAPHICAL AREA	Stockholm, Sweden
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaire
DATE(S) CONDUCTED	April 1967
NO. OF REFERENCES	0

PURPOSE

The use of narcotic drugs increased rapidly in the late 1960's among young people in Stockholm. In order to make a phenomenological descriptive analysis of the situation, drug use patterns among ninth grade students were studied.

METHODOLOGY

In April 1967, all pupils (N=8,500) in the ninth grade in all schools in Stockholm were administered a questionnaire which assessed their drug use patterns. Data were also obtained on the students' social life, family relationships, contact with and attitude toward the police, and health.

RESULTS

Of all the students, 77.3% of the boys and 82.8% of the girls had never tried any drug, while 4.4% of the boys and 3% of the girls had used a drug more than 10 times. Hashish was the most commonly used drug. The more often this drug was used, the more likely it was that central stimulants were also used. Curiosity was given as the primary reason for trying narcotics. Those who reported using drugs (Group II) were compared to those who reported no drug use (Group I). Group I, to a much higher degree than Group II, could talk with one or both parents about personal problems. Of those who had been offered a drug and refused, one of the most frequently cited reasons for refusal was that it didn't seem interesting (29%). An even larger percentage of the students (47%) said that they were afraid of becoming addicts, and of suffering from other dangerous consequences. Less than 1% said that their refusal was motivated by a fear of punishment.

Regarding friends, Group II had a significantly larger amount of girl/boy relationships, indicating that those who have experimented with narcotics have more advanced sexual habits. In comparison with those in Group I, the members of Group II belonged much more frequently to a gang. There was also a positive correlation between drug consumption and interest in pop music, and a negative relation between consumption and sports and scouting. There was also a very high correlation between cigarette and drug consumption. There was another positive correlation between alcohol inebriation and drug consumption. Other positive correlations with drug consumption included nervous troubles, negative attitudes toward police, growing up less often with both parents present in the household, coming from families with lower material standards, and having more pocket money.

CONCLUSIONS

Experimentation with less dangerous drugs such as hashish is seen among curious and/or "normally" rebellious teenagers, but as a group the narcotic consumers are proportionally more loaded with adaptation troubles and troublesome backgrounds and this is still more the case with those who have consumed central stimulants.

Kihlbom, M. Illicit use of drugs among university students in Stockholm. In: Sjöquist, Folke, and Tottie, Malcolm, eds. Abuse of Central Stimulants. Stockholm: Almquist and Wiksell, 1969.

DRUG	Stimulants
SAMPLE SIZE	879
SAMPLE TYPE	College Students
AGE	Adults
SEX	583 Male; 296 Female
GEOGRAPHICAL AREA	Stockholm, Sweden
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaire
DATE(S) CONDUCTED	May 1968
NO. OF REFERENCES	0

PURPOSE

As part of a larger study of drug use patterns and attitudes toward drug use among university students in Stockholm, Sweden, the incidence of central stimulant drug use among the students was examined.

METHODOLOGY

A questionnaire was administered to 583 male and 296 female university students. Excluded were those older than age 35, non-Scandinavians, and students of economics, technology, medicine, social welfare, and art. The questionnaire assessed background variables such as family relations; upbringing; school adjustment; deviant behavior; neurotic symptoms; use of alcohol, tobacco, and medically prescribed drugs; achievement in studies; attitudes to studies, to politics and to drugs; and, for drug users, details of drug use. A return rate of 84% was obtained. Data for the males are presented here.

RESULTS

Of the men, 9.7% had used central stimulants orally once or several times, 3.5% once only, and 2% more than ten times. No men reported intravenous use. As a comparison, 20.8% had used cannabis, 2% opiates (none intravenously), and 1.4% LSD.

The oral use of CS drugs was not a current trend; more than 50% of the users dated their last consumption in the years prior to 1967. Most had tried the drug prior to 1965 and only 0.8% during 1967 or 1968. Cannabis smokers are or have been exposed to CS to a much higher degree than others (about 30% had known an acquaintance who injected CS). Forty percent of the users of CS reported having had "nerve troubles," as compared to 24% in the whole sample. Two-thirds of CS users had also used cannabis and one-third of cannabis users had used CS. An older type of CS use involved the use of small doses to stay awake (cramming for exams, etc.), and more recent type of use involved use among cannabis smokers for sporadic euphoria. The older type of use was less strongly correlated to disturbed family relations, difficulties of adjustment, psychiatric symptoms, and discontentment with studies than the use of cannabis or the combined use of CS and cannabis.

Rylander, Gösta. Clinical and medico-criminological aspects of addiction to central stimulating drugs. In: Sjöquist, Folke, and Tottie, Malcolm, eds. Abuse of Central Stimulants. Stockholm: Almquist and Wiksell, 1969.

PURPOSE

The medico-criminological aspects of addiction to central stimulating drugs was reviewed on the basis of clinical data and criminal records. Also summarized was the history of CS use in Sweden.

SUMMARY

Abuse of narcotics had never been a major problem in Sweden--even after World War II, when abuse of amphetamine tablets developed--in terms of the medico-criminological point of view. However, this situation changed after an epidemic of addiction to central stimulating drugs was initiated by phenmetrazine (Preludin) in 1959. Preludin was introduced into Sweden in 1956, but it was not then considered habit-forming. However, in 1959, an intravenous injection method was developed by an addict. Although slow to spread at first, from 1964 onwards the number of Preludin addicts increased among those who were admitted to the forensic psychiatric clinic in Stockholm. Addicts were taking immense doses of the drug in order to get a kick, a feeling of enormous exaltation. Clinical information indicated that addicts tend to get a strong feeling of elation and of self-assurance, and an increase of self-confidence. When really high, the addict thinks he can tackle anything. Criminals who have sought compensation in alcohol generally stop drinking when they have experienced the effects of Preludin or other stimulating drugs. The injections are also reported by addicts to cause strong sexual stimulation. An odd phenomenon indicating the deep effects of large doses of CS is a sort of automatic and stereotypic behavior which can go on for hours--as, for example, the addict plucking at some object in a compulsive manner. Time perception is changed during these states. The addicts call this behavior "punding." If interrupted during this period, the addict becomes irritated, and after the interruption continues the same action or begins some new manipulation.

Advanced addicts take 4 to 5 injections during 24 hours. They go on for one or two weeks or even longer without sleep, eating very little, and their weight can decrease by 15 to 20 kg. Finally the addict must fall asleep, and when he wakes up he is exhausted, apathetic, depressed, and tormented by anxiety and bodily pains. A new injection helps immediately. Symptoms of abstinence occur, particularly tiredness, irritability, and periods of dysphoric reactions. Paranoid psychosis can occur, and suspiciousness may remain for months after all manifest symptoms of psychosis have disappeared.

In 1965, Preludin was banned in Sweden. Many addicts changed to methylphenidate (Ritalina), or to amphetamine, and the smuggling and fabrication of Preludin increased. The symptoms after Ritalina and amphetamine were the same as those obtained after injections of Preludin in large doses. Ritalina is generally considered to be more stressing; it provokes paranoid psychosis earlier, and is said by some to be the strongest sex stimulant. Preludin seems to give a more agreeable euphoric kick than the amphetamines and Ritalina.

Many of the addicts seen in clinics say that they experience a feeling of omnipotence after drug use, and that crime is a natural outlet for their overactivity, without any thought being given to the nature of the act. Acts of violence are known to have occurred, especially when the addict is suffering from paranoid psychosis. Dementia at times appears to develop among heavy abusers. Fourteen of 50 advanced addicts showed impaired immediate and remote memory functions in a test of psychological ability.

Sjöberg, Clas. Addiction in Sweden. Journal of Drug Issues, 5(1):12-21, Winter 1975.

DRUG	Multi-Drug
SAMPLE SIZE	Not Specified
SAMPLE TYPE	General Population
AGE	Not Specified
SEX	Both Sexes
GEOGRAPHICAL AREA	Sweden
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Not Specified
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	10

PURPOSE

The predominant form of addiction in Sweden, until the latter part of the 1950's, was the excessive drinking of alcohol by adult men. During the first few years after 1955, opiates and CNS stimulants began to be used together. A core of severely addicted persons which developed in Stockholm and Goteborg continued into the 1970's as a group of misusers and traffickers in narcotics. A survey was made of addiction in Sweden.

SUMMARY

It is estimated that at the end of the 1960's there were about 10,000 persons in Sweden misusing injectable forms of amphetamines. About half of them were in the Stockholm area, and a large number of the heavy users were males. Between 1965 and 1968, both opiates and amphetamines were legally prescribed for acknowledged misusers, but this practice did not produce the desired results. A significant problem for the health service was the spread of hepatitis by inoculations; during 1968, treatment for hepatitis was administered in Sweden to 470 inpatients and 459 outpatients. When the misuse of amphetamines was at its height, an increased frequency of throat infections was noted among misusers. Misuse of amphetamines was centered at first in the criminal population but, toward the end of the 1960's, teenagers became the predominant users. Hashish was all but unknown at the beginning of the 1960's, but by 1972 33% of the 18-year-olds in Stockholm who were required to register for military service had smoked hashish; for Sweden as a whole, the figure was 12%. The use of LSD spread in the same manner.

Misuse of thinners, rubber cement, contact glue, and trichloroethylene has occurred in gangs all over Sweden as an alternative to, or together with, excessive beer-drinking. It has been shown that at least 69 cases of death in Sweden, occurring mostly in the five years previous to 1973, were closely connected with sniffing. Poisoning caused 29 deaths, and 13 were "sudden sniffing deaths." A follow-up study in 1973 of some 25 habituated sniffers in a gang showed that most of them became alcoholics or drug addicts. Almost all have stopped sniffing, but have gone on to hashish or a narcotic, or alcohol. A large number of people between the ages of 20 and 25 are in Swedish hospitals with psychoses and lesions that were probably a result of their sniffing.

Depending on availability and whim, many people were found to switch between alcohol, solvents, hashish, amphetamines, barbiturates, LSD, and opiates. Some 17- or 18-year-olds already had several years of intensive misuse behind them. Hashish misuse among young people appeared primarily during the second half of the 1960's. Young offenders under the age of 20 and repeat offenders from 20 to 40 appear to use CNS stimulants in conjunction with their criminal activities Younger misusers who willingly give up CNS stimulants appear to take up hashish. The misuse of opiates has increased considerably in certain parts of Sweden, particularly in the regions of Stockholm and Malmo. In many parts of Sweden, trends indicate that misuse of CNS stimulants is diminishing while misuse of opiates is increasing.

On the whole, Swedish authorities have tried several measures to stop addiction. Police resources have grown substantially. Punitive legal measures for offenses relating to narcotics have also increased; one can now spend a maximum term of ten years in prison. The mistake of permitting the legal prescription of narcotics was made, in part, because welfare institutions could not cope with the rapid growth in the numbers of addicts who, while needing treatment, were not only criminally inclined and disturbed, but also lacked any inclination to be treated. There were no planned treatment programs or special facilities for youthful drug users. In the course of time a number of different treatment programs have been developed, some of which may have achieved some progress. A number of treatment homes have opened. One of the difficulties with these homes is in arranging effective aftercare services.

CONCLUSIONS

The narcotics problem in Sweden will probably not be solved by information, or by the efforts of the police force, or by treatment. Important mistakes have probably been made in community planning in connection with family policy, changes in the school system, and the provision of recreational facilities and shopping centers. To plan adequately for the future, addicts must also receive training in dealing with practical things, such as holding down a job day after day, living within one's means, and learning to live with a friend or a spouse without taking drugs.

IV. *Africa and the Near East*

Ghana
Nigeria
Rwanda
Zaire
Zambia
Morocco
Egypt
Israel
Iran

Ofori-Akyeah, Jayson, and Lewis, Roger A. Drug abuse among Ghanaian medical students. Ghana Medical Journal, 11:383-387, December 1972.

DRUG	Multi-Drug
SAMPLE SIZE	52
SAMPLE TYPE	Students
AGE	Adults (23-27)
SEX	47 Male; 5 Female
GEOGRAPHICAL AREA	Ghana
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Essay; Questionnaire
DATE(S) CONDUCTED	1970
NO. OF REFERENCES	12

PURPOSE

Previous estimates of drug abuse in Ghana have been based on police statistics or on the interrogation of patients admitted to mental hospitals. The purpose of this study was to determine the extent of drug use among a sample of medical students in Ghana, who may be more typical of the large proportion of the youthful population in the country.

METHODOLOGY

The subjects were 52 Ghanaian medical students in a pharmacology class. The age range was from 23 to 27 years and included 47 males and 5 females. Students reported drug use both for themselves and friends. Students were initially requested to write an essay regarding their personal observation of drug action. A subsequent investigation was then conducted using a questionnaire designed by a student-teacher combination. This questionnaire was designed to investigate the extent of use by students and friends, reasons for use, and quantity of drug-related advice received. The questionnaire was administered to the class during a lecture period, and all forms were returned and analyzed.

RESULTS

None of the students reported use of opiates, cocaine, or LSD. Ten reported the use of barbiturates, but the use tended to be infrequent and for a short period. Nine reported marihuana use for an average period of 1½ years. Greater than half reported the use of amphetamines, and a fourth had used them within the past year. Excessive amounts of caffeine had been used by approximately half of the students. An excess of coffee was defined by one subject as 3 cups or more.

Occasional excessive use of alcohol was reported by half of the students; however, the frequency of alcohol abuse was less than that of caffeine. While half of the subjects reported having smoked, only a fourth were still doing so.

Reasons given for the taking of drugs varied both with the specific drug and the individual user. Barbiturates were usually taken to counteract overstimulation caused by caffeine or amphetamines (6 out of the 8 barbiturate users). Of the 27 students who had taken amphetamines, 23 indicated that the drug was used as an aid to studies. Other reasons given were physical stimulation (8) and pleasure (5). Cigarettes and alcohol were almost always taken for enjoyment.

The amount of drug counseling by school authorities, parents, and doctors was minimal. Abuse of alcohol and cigarettes was occasionally discussed, but only three students had been given advice on the use of marihuana or amphetamines.

CONCLUSIONS

Amphetamine, amphetamine-like drugs, and caffeine were used most frequently among this group of Ghanaian medical students, usually for the purpose of aiding the student in his school work. The study also indicated an almost total lack of drug counseling on the part of parents, school authorities, or medical personnel. The pattern of drug use that was revealed does not necessarily represent students of all ages, social classes, or geographic areas of Ghana. However, the drug use patterns found in this study may be more typical of the youthful Ghanaian population than previous estimates based on police statistics or on questioning of mental hospital patients.

Anumonye, A. A new type of drug abuse among adolescent Nigerians. In: International Council on Alcohol and Addiction. Papers Presented at the 4th International Institute on the Prevention and Treatment of Drug Dependence, Belgrade, 1973. Lausanne, Switzerland: the Council, 1973.

DRUG	Methaqualone
SAMPLE SIZE	40
SAMPLE TYPE	Students
AGE	Adolescents; Adults (mean 13)
SEX	Male
GEOGRAPHICAL AREA	Lagos, Nigeria
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	1972
NO. OF REFERENCES	5

PURPOSE

The illicit use of drugs among Nigerian youth has become very common, and there is an increasing amount of publicity in Nigerian newspapers regarding the abuse of mind-altering drugs among high school students in Lagos and other major towns. Most of the research into the problem has dealt with the use of Indian hemp. As yet, no systematic study has investigated the characteristics of youth who use "Mandrax," a relatively new agent containing 250 mg methaqualone and 25 mg dipheny dramine HCl per tablet. An investigation was undertaken in order to compare the characteristics of 25 Mandrax abusers and 25 nonusers in the city of Lagos.

METHODOLOGY

Subjects consisted of 15 consecutive Mandrax-abusing patients seen for overdosages or psychotic behavior in Lagos University Teaching Hospital, and 10 of their nonpatient friends who were also Mandrax users. A control group of 25 nonusing student peers were also included in the study. All subjects were interviewed to obtain information on demographic characteristics, childhood experiences, family background, drug abuse patterns, and psychological background.

RESULTS

All of the subjects were single males. Their mean age was 13, with a range of 12-20 years. All the drug abusers (in contrast to the controls) came from the upper-middle class and mostly from professional class parents. Religion did not distinguish between the two groups. All the drug abusers were rated as superior in their early education but were noted to have shown a decline in later years. In contrast, the nonusers showed no decline in their performance.

The family structure of the drug abusers differed from that of the control group. While permanent separation from one or both parents before the patient's 10th birthday occurred in 12 of the drug abuse cases, it only occurred in 4 cases among the nonusers. In 5 of the drug abuser families there was severe marital disharmony or prolonged illness; there were only 2 cases of severe marital disharmony among the nonuser families. While only 8 of the drug abuser families showed no pathology, 19 of the nonuser families showed no pathology. Parent-child relationships appeared to be similar for both groups, with the majority of both groups stating they had positive relations with their parents.

There appeared to be more psychological problems during childhood among the drug abusers than among the nonusers. Among the drug users, 16 demonstrated neurotic traits, 23 showed timidity, 18 had anxiety proneness, 6 had schizoid tendencies, and 13 showed aggressiveness. Only 2 of the 20 were described as having a normal early childhood. Among the nonusers, 20 were described as normal and 3 as having neurotic traits.

Of the abusers, almost all (23) had started Mandrax abuse out of curiosity. Six had their first Mandrax at a party, 15 at a friend's house, 4 at other unspecified places, but none for therapeutic reasons. The drug was often taken in conjunction with palm wine. After an initial euphoric feeling, a depression would follow, which was treated with more Mandrax. Often this drug and alcohol combination would result in unconsciousness and subsequent hospitalization. All users obtained their supplies from pharmacies or from friends. Drug pushing for gain was not known to exist.

CONCLUSIONS

The ages at which the Lagos patients made their first contact with drugs are different from any figures reported elsewhere; Nigerians were much younger. The reason for this occurrence is obscure. Most of the abusers were from upper-class families, and the majority were underachievers. This finding does not, however, support a conclusion that the characteristics most widely shared by the drug abusers were high social class and poor academic achievement. A more appropriate explanation might be that (1) ease of availability of Mandrax played a major role; (2) drug abuse was associated with "chance friendship patterns" engendered by the closeness of schools; (3) academic pressures and parental expectations have a definite role in a new emergent community; and (4) parental deprivation common in this group may be an important factor.

Oviasu, V.O. Abuse of stimulant drugs in Nigeria. British Journal of Addiction, 71:51-63, 1976.

DRUG	Caffeine; Amphetamines
SAMPLE SIZE	491
SAMPLE TYPE	Treatment
AGE	Adolescents; Adults (most under 20 years)
SEX	438 Male; 53 Female
GEOGRAPHICAL AREA	Benin City, Nigeria
METHODOLOGY	Case Studies
DATA COLLECTION INSTRUMENT	Interviews; Program/Clinic Statistics
DATE(S) CONDUCTED	1969 - 1972
NO. OF REFERENCES	26

PURPOSE

Although there are increasing reports of drug abuse in Nigeria, there have been no systematic studies of the pattern of stimulant drug abuse. A review of records for 491 clients seen at the Uselu Nervous Diseases Clinic in Benin City during the period 1969-1972 was conducted in order to determine the demographic, social, psychological, and psychiatric aspects of people abusing stimulant drugs in the country.

METHODOLOGY

Case notes of all patients attending the clinic between January 1969 and December 1972 were reviewed. The notes of patients whose diagnoses were made in the belief that their illnesses were directly due to or precipitated by drug abuse were studied further. Additional information was collected from a social questionnaire used for every patient. Variables covered by the questionnaire included childhood experiences, family background, schooling, occupation, and drug abuse patterns.

RESULTS

A total of 491 cases seen at the clinic were due to abuse of stimulants. The 491 cases were made up of 360 cases of abuse of amphetamines and 131 cases of abuse of caffeine. Dexamphetamine (Dexedrine) was the most commonly used amphetamine. Caffeine came in the form of a capsule containing 50 mg and had the trade name Proplus. The only known route of administration for both drugs was oral.

Among amphetamine abusers, 322 were male and 38 were female. In both males and females the peak incidence was in the range 15-19 years. The majority of the patients (67%) were under the age of 20. There were 116 males and 15 females abusing Proplus. Like amphetamine users, peak of abuse was in the range 15-19 years, and 76% were under the age of 20 years.

Regarding occupation, the most striking evidence was that of the high proportion of students; 80% of the amphetamine abusers, and 95.4% of the Proplus abusers, were secondary grammar school students. No university students were encountered. School teachers, clerical workers, and artisans together accounted for 20% of amphetamine abusers while school teachers and clerks together accounted for 4.6% of Proplus abusers. All of the stimulant abusers were literate and appeared to be average students.

Only in 2% of the abusers was the stability of the home interrupted by death, divorce, or parental separation before the abusers were 10 years old. This increased to 5% after the patients were 10 years of age. Drug abuse was absent in all parents. While most of the abusers came from a relatively poor working-class or peasant-farming background, there were quite a number from well-to-do and well-educated families. Ethnic and tribal origin, religion, and childhood experiences failed to distinguish the stimulant abusers.

None of the patients was using amphetamines or Proplus for therapeutic reasons. In Nigeria, amphetamines can only be bought with a prescription; Proplus is not regulated. Two of the reasons given by students and teachers for using either of the drugs were to improve intellectual performance and postpone inattentiveness and sleepiness. The artisans, on the other hand, took amphetamine to improve physical performance in tasks requiring skill. Five percent of the abusers took both drugs in combination in order to stay awake.

At admittance to clinic, all the abusers complained of intellectual impairment. In 90% of the patients there were complaints of heat or a peppery sensation in the head, neck, and body. Sleep disturbances, nervousness, and irritability were frequently complained of. Toxic psychosis and anxiety state each accounted for 48.6% of the 360 cases of amphetamine abuse while anxiety state accounted for 89% of the 131 cases of Proplus abuse. There were relatively few cases of personality disorder and schizophrenia. The majority of patients (51%) were self-referred; parents and friends referred 36.5%; doctors referred 8%; and 3% were referred by school headmasters. No patient was referred by police or from the court. Treatment in the clinic consisted of pharmacotherapy and psychotherapy, and outcome after 3-6 months was encouraging.

CONCLUSIONS

There is need for early prevention of drug abuse in Nigeria to reduce the incidence, severity and morbidity of drug abuse. This early preventive measure should include control of the source of amphetamine, and Proplus and similar agents, and thus a reduction of the availability to students.

Codere, Helen. The social and cultural context of cannabis use in Rwanda. In: Rubin, Vera, ed. *Cannabis and Culture*. The Hague: Mouton Publishers, 1975. pp. 217-226.

PURPOSE

A study was conducted in Rwanda in 1959-60 to get open-ended and freely expressed political views of the Rwanda, and especially the views of the Tutsi, Hutu and Twa Rwanda people, towards members of their own and other castes. The data presented here show cannabis or *injaga* in its social and cultural context.

SUMMARY

The basic feature of Rwanda's social and political structure before the 1959-60 revolution was the dominance of the Tutsi minority caste over the Hutu majority. In Tutsi eyes, the qualities of the Twa were those of quasi-domesticated pets who could perform some valued special services for them and afford them amusement. The Twa saw themselves socially elevated far above the Hutu because of their association with the Tutsi who valued their special qualities and capacities. By 1959-60 the traditional situation and relation of the Hutu and Tutsi were changed, and stereotypes were challenged by the new social and political character of the democratic movement and revolution. However, the social position of the Twa in Rwanda had actually deteriorated. Although the Hutu were sympathetic toward the unimproved and backward condition of the Twa, these feeling served to keep the Twa in a lower social position.

Data on cannabis (*injaga*) were obtained in 1959-60 from responses made by 252 Rwandans to one of six photographs showing Rwandans in traditional and modern scenes. With few exceptions, the respondents associated *injaga* use with Twa men alone. Some Congolese and the Bashi used it, but not Rwandans other than the Twa. *Injaga* was also occasionally used for medicinal purposes among the Hutu and Tutsi. In the old days the Twa smoked it before fighting and hunting, especially elephant hunting, but use was not restricted to such special occasions. Mornings and evenings were the times for smoking. The Twa had a ritual to make the *injaga* as powerful as possible and, in smoking it, they took frequent deep inhalations. There was no data on the strength of the cannabis used, but strength was desired and the smoking method was aimed at the taking of a heavy dose within a brief time period. It was reported that *injaga* smoking conferred a feeling of remarkable courageousness and physical strength, and banished fatigue and physical pain in lesser amounts. A number of individuals claimed that the usual outcome of *injaga* smoking was that the smoker became physically violent toward others.

In Rwanda alcoholic beverages were an indispensable accompaniment to sociability, a necessity for all working-bees as well as all social occasions. Before the use of money, alcohol was the most acceptable of gifts and payments in exchange for goods, in which cattle had too great a unit value to be useful. The strongest native alcoholic beverage was a kind of mead, rarely available to any but the wealthy (the Tutsi).

CONCLUSIONS

The data show that cannabis use and attitudes toward its use follow the lines of the caste social structure of traditional Rwanda. The *injaga* smoking of the Twa and the associated behaviors are considered by the Tutsi and the Hutu to be uncontrolled or excessive to the point of being more animal-like than human. For the Twa, *injaga* smoking was related to the particular talents and the stronger appetites and greater capacities that make them specially and distinctively Twa. The reported Twa cannabis use indicating heavy dosage, strong effects, and violent behaviors attendant on its use are all consistent and mutually reinforcing. Cannabis use is linked with all that sets the Twa apart as a social group, and the Twa see cannabis in ways that could have little appeal to other Rwandans, who remain quite content with their beer and with not being Twa. Cannabis use in Rwanda is, therefore, seen to have its specific definition and character because of the sociocultural system in which it is embedded and to which it contributes its concordant share of all that determines the system's character, workings, and continuity.

Verbeke, Ronald, and Corin, Ellen. The use of Indian hemp in Zaire: A formulation of hypotheses on the basis of an inquiry using a written questionnaire. British Journal of Addiction, 71:167-174, 1976.

DRUG	Cannabis
SAMPLE SIZE	234
SAMPLE TYPE	College Students
AGE	Not Specified
SEX	Not Specified
GEOGRAPHICAL AREA	Zaire
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaire
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	1

PURPOSE

The intake of cannabis is frequent in Zaire and seems to be found, much more so than in the West, in varied circumstances of the daily life of numerous people coming from a diverse array of social and professional milieus. It was hypothesized that the use of hemp in Black Africa takes place under situations completely different from those which prevail in Western countries. In order to test this hypothesis, a group of Zairian university students was queried about hemp users' social and professional category, circumstances surrounding their use of this drug, motivations for drug use, and observed effects.

METHODOLOGY

Subjects consisted of 234 Zairian university students. The students were representative of all the socioeconomic, ethnic, and geographic groupings in the country. The subjects responded to a questionnaire which asked whether they knew any cannabis users and, if they did, to which social or professional categories they belonged. The subjects were also asked to state the circumstances in which the drug was used, the motivations for its use, and the observed effects of its use.

RESULTS

The use of cannabis was noted for individuals coming from 26 different socioprofessional categories. The military and delinquent youth were the two most frequently mentioned categories (46%). Grouping the 26 different categories into more general factors, three factors stood out in reference to the use of cannabis: (1) violence, (2) stardom, and (3) fringe. The violence factor included the following categories: military; idle and delinquent youth; delinquent adults; athletes; and hunters. This factor represented 59% of all observations. Factor 2 included the following categories: musicians; athletes; show people; medicine men; authorities; politicians; and teachers. Factor 3 included juvenile delinquents; adult delinquents; mental patients; and prisoners.

Regarding the circumstances in which cannabis is used, three factors were found which were highly related. Two of the factors were again the themes of violence and stardom. The violence factor included such events as war, competition, delinquent acts, hunting, conflict, peril, and revenge. The stardom factor included such circumstances as dance, public appearances, concerts, competition, appearance before a judge, and meeting an unknown person. The third factor was termed "energy mobilization," implying a mobilization of physical resources, which included such events as war, appearance in public, prolonged wake, giving a concert, competition, delinquent act, hard or prolonged work, hunting, examinations, confrontation between persons in conflict, appearance before a judge, meeting an unknown person, and dealing with a problem. Most of the above circumstances are still part of a larger factor, "state of psychic or physical tension."

Motivations for use included the factor "energy mobilization," such as acquiring energy for a difficult task, finding courage to surmount any obstacle, feeling stimulated, becoming aggressive and being lucid and wide awake. Another factor was "suppression of certain states of consciousness and feelings," including suppression of fear, forgetting worries, overcoming shyness, and not being fully aware of what one is doing in order to dare to do something that one disapproves of oneself. Drug effects were also noted by a suppression of certain consciousness states and by energy mobilization. A third factor, "asocial behavior," including delinquent behavior and aggression, was also found.

CONCLUSIONS

Cannabis in Zaire is used in quite specific life situations, which most of the time imply a state of psychic or physical tension. The goal most frequently desired seems to be the suppression of states of consciousness or feelings linked to these tensions and the increase of one's effective action over reality. Cannabis use in Zaire is primarily functional and circumstantial; its function will often be that of a remedy taken in a set of well-determined circumstances to permit the user to adapt his behavior to the situation.

Jones, A.D. Cannabis and alcohol usage among the Plateau Tonga: An observational report of the effects of cultural expectation. Psychological Record, 25(3):329-332, 1975.

PURPOSE

Many researchers have found that set and setting have much to do with how a person reacts after using cannabis. Weil et al. (1968) found, for example, that people who had never smoked marihuana did not experience strong subjective effects at all when they smoked it for the first time in the neutral setting of a laboratory. It also appears that cultural expectations greatly affect the subjective experiences of drug users. Based on 2 years of observation of the Plateau Tonga of Zambia, it is demonstrated that in Western Europe the set toward marihuana leads to different drug effects from those which occur among the Tonga, where the set is markedly different.

SUMMARY

Most Plateau Tonga feel that smoking marihuana is quite acceptable, especially at the end of a hard day's work, and providing it is not smoked continuously for long periods. The set which they adopt leads them to expect to become confident, boastful, talkative, and argumentative unless they smoke too much, in which case they expect to fall asleep. The Tonga do not dwell on what they are feeling but engage in assertive banter and ebullient conversation, and then later sleep it off. In Europe and the U.S. this effect is more like the effect of alcohol on guests at a cocktail party than the effects of marihuana.

Marihuana smoking is sufficiently common among the Tonga for the children to see its effects almost every day. When they themselves begin to smoke it, they already know what to expect. This is contrasted to Europeans, who usually undergo a period of introduction at the time when they begin to smoke it, and who learn about smoking methods and expectations through mimicry and verbal instruction.

CONCLUSIONS

The different effects shown by the Plateau Tonga can be attributed to the acquisition of different expectations from those acquired by Europeans. Systematic observation of marihuana smokers in natural and laboratory settings would enable the relationship between a person's set, the setting and consequences of the drug to be established rigorously by manipulating the expectations of new smokers and assessing the extent to which the effects are related to them.

Joseph, Roger. Economic significance of *Cannabis sativa* in the Moroccan Rif. In: Rubin, Vera, ed. *Cannabis and Culture*. The Hague: Mouton Publishers, 1975. pp. 185-193.

PURPOSE

Grown in large quantities in the Rif Mountains of Morocco, and smoked by a fairly high proportion of native adult males, *kif* (*Cannabis sativa*) ranks as one of the area's chief cash crops. Unlike the other crops, it is illegal, but for various reasons it continues to flourish. Based on data gathered during a year and one-half of anthropological field work in Northern Morocco, the economic significance of *Cannabis sativa* in the Moroccan Rif is examined and described.

SUMMARY

Not regarded as particularly evil among Berber males, *kif* is, unlike alcohol, not prohibited by any religious stigma. This is recognized by the judicial sanction system. A person caught smoking *kif* is ignored or placed in jail overnight, whereas a Muslim can receive from three to six months in jail for drinking alcohol. While *kif* is regarded by the educated elite as an evil, many of those who decry the use of *kif* drink alcohol. On the other hand, *kif* smokers regard the urban elite as bad Muslims. In 1959, *kif* cultivators argued with the government that if the production of *kif* were to be eliminated, the import and export of alcohol must also be banned. Since Scotch had become a favored drink among the elite, and since considerable revenue was derived from the exportation of wine, the policy was never instigated. The present government position prohibits the sale of *kif*, but does not prohibit the production of *kif*. This may be a way of keeping external pressure off the Moroccan government while at the same time allowing for the continuation of a *kif* market.

Another sociocultural element is that, within the mountain area, *kif* is largely restricted to men of middle age or older. *Kif* smoking in the Rif is regarded as part of the older establishment. Drinking wine or beer is more a sign of rebellious feelings among young men. Another factor in the use of *kif* is that it is not generally associated with any ritual or mystical features. Users may employ *kif* in order to induce a transcendental experience, but *kif* smoking is disassociated from mystical searches. *Kif* smoking seems to be motivated by the pleasure it brings or the depression and anxiety it alleviates. It is not a manifestation of a "sick" society, but a means of relieving everyday pressure.

Historically, to a certain extent, Spain inadvertently encouraged the spread of regular *kif* smoking, in that Spain created a special social class which regularly used *kif*: the Moroccan soldier. The rise of a full-time militia gave rise to a social group that regularly engaged in using the plant. The use of *kif* reflected an attitude and behavioral pattern to the Spanish which they considered barbaric, and this lent an additional self-justifying motive for their "civilizing" venture into Morocco.

The Moroccan army mounted a campaign to eradicate the Ketama *kif* fields in the early 1960's, but this attempt failed. Producers are not only well entrenched in their environment, but also wield considerable political power. The *kif* growers have not only a large indigenous market, but as a result of proximity to Europe and an increasing market there, there is an expanding demand involving huge amounts of money.

CONCLUSIONS

Occasionally, small lot dealers of *kif* are arrested and sentenced to short prison terms. These arrests are widely publicized, but they do not reflect any comprehensive campaign on the part of public security officials to terminate *kif* supplies. They serve as announcements to the external world that Morocco holds an anti-cannabis position, but at the same time, production, distribution, and consumption of *kif* go on at an unabated rate.

Soueif, M.I. The use of cannabis in Egypt: A behavioral study. Bulletin on Narcotics, 23(4): 17-28, 1971.

DRUG	Hashish
SAMPLE SIZE	1,689
SAMPLE TYPE	Incarcerated
AGE	Adolescents; Adults (mean 36)
SEX	Male
GEOGRAPHICAL AREA	Egypt
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Psychological Tests
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	15

PURPOSE

As part of a larger study of cannabis use in Egypt, a group of hashish users was compared to a control group of nonusers to determine any differences in behavioral characteristics between the two groups. Variables investigated included subjects' perception and thought processes, temperament and mood change, self-image, family background, and attitudes toward drugs.

METHODOLOGY

Subjects consisted of 850 hashish users and 839 nonusers, all of whom were incarcerated in Egyptian prisons during the period from June 1967 to March 1968. The average age of the hashish users was 39 years and the average age of the nonusers was 36 years. The control group was matched to experimentals regarding urban or rural backgrounds, and percentage of skilled laborers. Heavy users were defined as those who used cannabis more than 30 times a month, and moderate users as those who used it 30 times or less a month. All subjects were interviewed in order to obtain information on personal background, behavioral characteristics, and drug habits. In addition, they were tested with several perceptual and motor coordination tests, including tool matching, trail making, reaction time, time estimation, length estimation, and the Bender-Gestalt tests. Tests were administered at the end of the interview.

RESULTS

Among the hashish users, smoking was found to be the prevalent route of administration (89.4%). Almost all habitual users preferred to take the drug in the evening (94.2%), and most (82.5%) took hashish in groups of 4-6 members. City dwellers had a significantly higher percentage of lone-takers than users from rural areas (24% vs. 10%). Seventy percent of convicts from cities and 66% of convicts from rural areas took hashish more than 30 times a month. Eighty-six percent of heavy takers used the drug more than 60 times a month with very slight differences between urban and rural inhabitants. Heavy takers did not differ markedly from moderates as regards the situation which occasioned the start of drug use.

Regarding motivations for use, more heavy takers than moderates mentioned imitation (62.5% vs. 53.4%), trying to behave as "real" men (78.4% vs. 58.9%), and seeking euphoria (86.3% vs. 79.1%). On the other hand, significantly more moderates (35.6%) than heavy users (23%) reported having made one or several attempts at interrupting hashish use. Significantly more heavy takers than moderates (34.3% vs. 25.7%) tended to take opium, and significantly more hashish takers (22.7%) than controls (9.1%), regardless of urban or rural background, were found to be alcohol drinkers. Hashish users also tended to drink coffee to a greater degree than controls did, but the difference was not statistically significant.

Almost half (42%) of the hashish users began use before the age of 20. Of this group, 32.8% had their first experience with the drug before the age of 16. These early beginners were more likely than later beginners (61% vs. 24.7%) to have had some member of the family using cannabis, to have one parent dead, and to have the remaining parent remarried (36.4% vs. 17.6%).

More heavy users than moderates gave neurotic responses to three items selected from Taylor's Manifest Anxiety Scale. Heavy users stated significantly more often that they slept badly, that they woke up very early in the morning without being able to go back to sleep, and that they lay awake in bed long before falling asleep.

Regarding drug effects, euphoria (83%), acquiescence (72%), hesitancy (57.4%), suggestibility (53.5%), carefreeness (58.7%), and a tendency toward gregariousness (50%) were reported by the experimentals. A majority (53%) reported perceiving time as passing quicker than usual, whereas 13% perceived it passing slower. Over a third (39%) saw distances getting longer than usual, but 52.5% saw them neither longer nor shorter. Fluency of ideas was reported by 68%; accuracy of thinking was reported by 88%; 48% stated their memory was unaffected; 38.7% said it was improved; and 13% said it was impaired.

On the objective tests, significant differences were consistently found between hashish users and controls. Controls from urban areas and Lower Egypt obtained significantly better scores than comparable cannabis takers on most tests of speed and accuracy of psychomotor performance, and memory span for digits and designs. On length estimation, urban controls fared significantly better than comparable experimentals, but on time estimation urban nontakers erred significantly more than takers. This latter finding went against expectations and might be explained by educational level. Test scores were far more affected by illiteracy than by cannabis consumption.

CONCLUSIONS

The data indicate that cannabis takers crave agents acting on the CNS more than nontakers do, that both early beginners and heavy users display more socio-psychopathology than late beginners and moderates, respectively, and that cannabis takers in general are slow learners compared with nontakers.

Drapkin, Israel, and Landau, Simha. Drug offenders in Israel: A survey. British Journal of Criminology, 6:376-390, 1966.

DRUG	Hashish; Opiates
SAMPLE SIZE	318
SAMPLE TYPE	Drug Offenders
AGE	Adolescents; Adults
SEX	307 Male; 11 Female
GEOGRAPHICAL AREA	Israel
METHODOLOGY	Statistical Survey
DATA COLLECTION INSTRUMENT	Police Records
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	11

PURPOSE

A survey was undertaken to determine the number of drug offenders in Israel. Specifically, researchers wanted to know to what extent drug offenders known to police could be regarded as a representative sample of the total population of drug offenders in Israel, and whether the drug offenders consisted of one homogeneous population with uniform, clear-cut characteristics, or whether they belonged to subgroups, each having its own special discriminating characteristics.

METHODOLOGY

A random sample of 318 drug offenders was selected from the Israel Police Headquarters files. Offenders were categorized according to the following criteria: (1) involvement of the drug offender in offenses of other kinds; and (2) the chronological primacy of the drug offenses. On the basis of the two criteria, the offenders were seen to fall into three groups: (1) Group A: drug offenders not involved in crimes of any other kind; (2) Group B: "mixed" offenders (those also involved in other crimes), whose first offense was for the violation of drug laws; and (3) Group C: "mixed" offenders, whose first offense was for crimes other than the violation of drug laws.

RESULTS

The largest group, comprising 75% of the sample, was Group C; the second largest was Group A (15%); and the smallest was Group B (10%). More than half of the offenders were under the age of 30, about one-third were between 31 and 45, and only about 13% were above 45 years.

Young drug offenders (16 to 20 years old) were most often categorized into Group B; offenders over 45 years of age tended to predominate in Group A. Most (307) of the sample were men. The 11 females were divided almost equally between Groups A and C. Five of the six in Group C were prostitutes. While women comprised a minor proportion of the total sample, they accounted for 10% of the cases in Group A.

Over 90% of all drug offenders were born in countries of oriental culture--Israel, other Middle Eastern states, and North Africa. In Group A, the largest percentage of the offenders were born in Middle East countries. In Group B, almost half of the offenders were born in North Africa (largely Morocco). In Group C, the percentages of those born in Israel and those born in North Africa were almost equal. The great majority of the sample (78%) were skilled or nonskilled laborers, representing the lower working class. The proportion of white-collar workers was almost negligible (2.5%). The largest concentration of drug offenders was found in Tel Aviv (36%); 16% of the offenders were from Haifa, and 11% were from Beersheba and surroundings. The three groups could not be differentiated on the basis of place of residence or occupation.

The drug most used by the offenders was hashish (71.4%); the second most-used drug was opium (24.7%). An important difference between the groups existed. While in Groups B and C the frequency of opium offenses was about 20%, in Group A the frequency of this drug was much higher, reaching 44.8%. This difference was statistically significant at the p<.01 level. This finding lent support to the hypothesis that Group A contained more "real" addicts and, therefore, could be seen more or less as a representative sample of drug addicts in Israel.

In Group A, more than three-quarters of the offenders had no more than one drug offense, a much higher proportion than that for first offenders in the other two groups; in Group B, 25% had three offenses, a proportion more than six times greater than that of Group A, and two and half times greater than that of Group C. The average number of drug offenses for each group was as follows: Group A averaged 1.5 offenses; Group B averaged 2.0 offenses; and Group C averaged 1.7 offenses. These differences were not statistically significant. The two groups (B and C) which were involved in other crimes as well as drug offenses comprised 86% of the sample. Therefore, the great majority of drug offenders were also involved in other criminal activities. The crime most frequently committed was stealing (22.2%); this was followed by bodily harm and assault (17.1%); affray, drunkenness, and vagrancy (16%); and housebreaking (8.7%). Although there was a great similarity between the two groups, in Group B the percentage of violent offenses was higher than in Group C (40% versus 33%). This could be explained by the fact that almost half of the offenders in Group B were from North Africa. Offenders from this part of the world are known in Israel as being more prone to violence and "acting out" behavior.

CONCLUSIONS

One of the most important conclusions that can be drawn from the data is that most of the offenders in the sample are criminals who, among other offenses, are engaged in drug offenses. Whether drugs (addiction and/or trafficking) are a causal or contributory factor of crime in general can only be discovered by a more thorough investigation of offenders of types A and B.

Wislicki, L. Alcoholism and drug addiction in Israel. British Journal of Addiction, 62:367-373, 1967.

PURPOSE

The interplay of circumstances which enhance and reduce consumption of compounds offering elation and an escape from the difficulties of life is evident in the changes which have taken place in Israel in the use of alcohol, hashish, and other addicting drugs. Situated among drug-producing and drug-consuming countries, and settled by people from some 70 countries with different backgrounds and values, Israel is especially exposed to the problems of drug addiction. The epidemiology of drug abuse, and the government response to it, are described.

SUMMARY

Beginning in 1961-1962 there was a marked increase in drinking, although during these years only 27 Jewish alcoholics (none under 30 years of age) were found when hospitals and clinics servicing approximately 60% of the population were contacted. Formerly, only 2.3 patients per year had been treated at these institutions. There was a twofold increase of consumption of wine from 1958 to 1965, and a trebling of the use of brandy during the same period, signifying a relative rise in consumption. There were four types of alcoholism: (1) status alcoholism--as medium- and upper-income groups became comparatively affluent, brandy and other strong drinks became status symbols; (2) reactive alcoholism--men in unfavorable economic circumstances, with little formal education, were confronted by strange customs and by a society with a higher standard of secular knowledge; (3) insecurity alcoholism--some people, prior to coming to Israel, had been used to having a drink of liquor and were liable to turn into habitual drinkers if they had a psychopathic tendency; and (4) evasion alcoholism--former inmates of Nazi concentration camps were prone to become drinkers when faced with everyday problems. The incidence of alcoholism in this last group was about three times higher than that in a comparable population. Most hospitalized alcoholics were not severely addicted; the number did not usually exceed 20 at any time.

The number of hashish smokers was variously estimated by public health officials and by police as 3,500 to 10,000. Out of 350-400 people apprehended per year, about 100 were previously unknown; in about two-thirds of the cases, legal proceedings were taken, usually for dealing in the drug. Out of 265 convicted offenders, a history free from previous offenses was found in only 15 cases; the others previously had been found guilty of a total of 543 offenses in connection with addictive drugs, and of 1,676 other offenses. There was very little abuse of amphetamine or methylphenidate, but Yemenites brought with them the norephedrine-containing Khat, which they chewed without apparent harmful effects. LSD taking and cocaine abuse were practically unknown in Israel, but occasionally addiction to a tranquilizer occurred. The amount of opium and its alkaloids used in Israel did not greatly change over the years, except for codeine whose consumption rose steeply. The use of analgesic tablets also rose. Out of 168 addicts known at one health center, 10 were 20-25 years of age; 122 were 26-40; and the rest were 41 and over. The number of addicts convicted for drug offenses was about 20 per year. The attempt to supply drugs from central clinics failed because it led to increasing demands and to illegal sales by the addicts of amounts they had to spare. Likewise, a special department for treatment of addiction which had been instituted at a government hospital for mental diseases was closed after one year because the relapse rate was very high and treatment unsatisfactory.

CONCLUSIONS

While the incidence of drug addiction in Israel appears to be similar to that in the U.S., the severity of cases and their influence on society are much reduced in Israel. Some drugs, including cocaine, heroin, LSD, and amphetamines are used to a very small extent or not at all. These differences may be partly due to stricter control, though this is difficult for geographical reasons. It appears likely that sociological reasons play a part, including those which divert the energy and attention of young people to constructive fields.

Friedman, Irat, and Peer, Ilana. Drug addiction among pimps and prostitutes in Israel. In: Shoham, S., ed. Israel Studies in Criminology, I. Tel Aviv: Goneh Press, 1970. pp. 141-175.

DRUG	Hashish
SAMPLE SIZE	21
SAMPLE TYPE	Pimps; Prostitutes
AGE	Adults (18-42)
SEX	11 Male; 10 Female
GEOGRAPHICAL AREA	Israel
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Police Records
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	27

PURPOSE

The relationship between criminality and drug addiction has been of concern to researchers for many years. Anslinger and Tompkins (1953) claim that delinquency precedes addiction. In order to test this hypothesis, pimps and prostitutes in Israel were studied. Three other hypotheses were also tested: (1) that addiction is the result of learning; (2) that drug addiction is a norm in the criminal subculture; and (3) that the use of drugs influences sexuality.

METHODOLOGY

Subjects consisted of 10 prostitutes and 11 pimps. Four were native-born Israelis; the remaining sixteen emigrated from Morocco, Turkey, Tripoli, Yemen, Syria, Iraq, Romania, and Germany. Ages ranged between 18 and 42. Most came from broken homes and had a poor education. Information was obtained through personal interviews and police records. In addition to the data necessary to test the hypotheses, information was obtained on the sensations accompanying hashish smoking, methods of smoking it, habituation and withdrawal, place of residence, and prostitution.

RESULTS

All hypotheses were confirmed at the .05 level of confidence. It was found that entry into the criminal subculture came first; almost all (20) subjects agreed that a person became delinquent first and an addict afterwards. This was borne out by police records. The hypothesis that addiction is the result of learning was also confirmed, and the learning was always related to a veteran addict. All but one of the subjects reported being introduced by a veteran user. The prostitutes were generally enticed by their pimp. Pimps, on the other hand, were introduced to hashish by a group of friends. About half of the subjects said they were instructed in how to use the drug and told how they would feel upon using it. The hypothesis that use of the drug is a binding norm among members of the subculture was confirmed. In reply to the question of whether all the members of the group (pimps and prostitutes) used the drug, 11 of the subjects replied that all the members were users, while ten thought that most of the members were users. The hypothesis that drug use has an effect on sexual needs was also confirmed. The majority of subjects agreed that there was a change in basic needs such as sex after using the drug. Many stated that hashish increased their sexual pleasure and satisfaction.

The data indicated that prostitutes and pimps had different reasons for using drugs. Seven of the prostitutes took hashish for pleasure and to forget their troubles; for the pimps, on the other hand, the social factor was dominant. Seven pimps gave "Everybody in the gang smokes" as a reason for drug use. A typical answer was, "You don't smoke alone, only in company. When you're sitting together with the others, it's more fun." The sensations connected with smoking hashish varied from "extreme joy" and "freedom from worry" to tranquility and "sadness and indifference." The predominant sensation, however, was one of being "high." There appeared to be no set time for taking the drug; users smoked when they felt like it, day or night. However, prostitutes often took the drug in the evening, before going out to work, in order not to feel revulsion toward their clients. Two-thirds of the subjects reported they did not need to increase the dose of hashish they smoked. The majority claimed that it is possible to stop use, and that it is worthwhile to do so for reasons of "health" and "planning for the future." On the other hand, long-time users saw no reason to stop. There appeared to be no need to change residence because of drug use.

CONCLUSIONS

The findings point to the fact that the pimp or prostitute begins using drugs after having taken up delinquent activity, thus supporting the views of Anslinger and Tompkins. Contrary to the popular view of the drug as a means for the pimp to entice a girl into prostitution, it was found that girls became prostitutes first and only later became drug users. A similar process was found among the pimps. Both the pimp and prostitute identify with the normative system of the subculture, and thus absorb the norm of drug use as well. Within this subculture, they learn how to use the drug and to enjoy its effects, including sexual pleasure. In addition to these factors, the personality element in the development of addiction must not be forgotten--most of the subjects underwent a trauma in connection with immigration, and most came from broken homes and had a poor education. Such situations lead to tension and feelings of alienation, and thus the significance and meaning of the drug.

Miller, Louis. The epidemiology of drug abuse in Israel (with especial reference to cannabis). Israel Annals of Psychiatry and Related Disciplines, 9(1):3-10, April 1971.

PURPOSE

While Europe and America were undergoing rapid social change in the last century, so were Jews in Israel; but the social change in the West was, on the whole, a by-product of technical change. In Israel, change was planned personal and social change; and technical change, at least initially, proceeded only according to planned need and was distinctly secondary. The epidemiology of drug abuse in Israel was examined, specifically the social factors involved in current drug use patterns.

SUMMARY

Socially, Israel was established by Jews stemming from a cultural group which clung to its group identity and positive social values over centuries. These values were reinterpreted in a modern, future-oriented Western social program of welfare, labor cooperation, social justice, and egalitarianism within an independent Jewish political entity in Israel. Changes of a structural nature occurred with statehood in 1948, which influenced inner mutualistic and close personal relations. Some groups retained their intimacy of group relations, but in some youths of Western origin, delinquency appeared.

Geographically, Israel is set in the Middle East among neighbors who have a drug culture--predominantly cannabis, with some major subculture of opium. Before statehood (1948), among the Jews at least, there seems to have been a very small nucleus of hard-core addicts: marginal people from Eastern Jewish cultures and not a few Westerners, among whom were some so-called medical cases. The numbers of both groups grew after statehood, with the influx of mass immigration. Some of the Israel Arab population continued to employ cannabis and to produce addicts to opium and morphine, but there were few cases. The Jewish immigration from the Middle East brought a mass of people from the hashish cultures, and some who had joined the criminal stratum before coming. The children of many poor, large Eastern families were sometimes threatened by social failure due to the sudden change after immigrating to Israel; it was from among the children of some of these families that there arose cases of school and work failure, delinquency, prostitution, and those who entered the hashish subculture in Israel. Some Israeli Arabs and some Oriental-born Jews used hashish socially, not necessarily in relation to antisocial activity. The use of opium, however, seemed to be involved with criminality.

The Six-Day War brought about partial contact with Arab society and intensified contact with the new Western youth subculture and its drug habits. As a result, evidences of cannabis abuse have appeared among a small number of Israeli youth. According to a police report, there were twice as many (1,190) Israeli drug offenders in 1969 as in 1966, before the Six-Day War. Those Israelis of higher socioeconomic status first received hashish from foreign volunteer-helpers after June of 1967. The majority stopped smoking after a short time. There seems to have been a slight and gradual increase of its being tried or its occasional employment, and possibly of the number of secondary school groups involved. There was one unverified report of the employment of amphetamine; but among younger Israeli adults of the higher economic groups, it was restricted to individuals and small groups within artistic circles who also tried LSD. With a few young people and adults it seemed to be a point of intellectual honor to try hashish once. With some others, it seemed to be a point of social honor to argue that hashish had not been proven harmful.

CONCLUSIONS

In the early 1960's, the marginal and delinquent groups using cannabis were probably grouped around a common feeling of exclusion from and of resentment against the dominant culture. There is early evidence now that the new hashish smokers in Israel from secondary schools and universities show some distrust of their elders. Underlying this may be the first signs of a shift in values and an estrangement from the dominant culture of a small number of the young people.

Shoham, S. Giora; Geva, Nehemia; Kliger, Dina; and Chai, Tamar. Drug abuse among Israeli youth: Epidemiological pilot study. Bulletin on Narcotics, 26(2):9-27, 1974.

DRUG	Multi-Drug
SAMPLE SIZE	416
SAMPLE TYPE	Students
AGE	Adolescents (range 14-19)
SEX	43.5% Male; 56.5% Female
GEOGRAPHICAL AREA	Israel
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaire
DATE(S) CONDUCTED	March 1973
NO. OF REFERENCES	18

PURPOSE

Drug use in Israel is not a new phenomenon. However, there has been a change in the pattern of use both in the distribution and demographic composition of the users. Before the war of 1967, most drug abuse, both of cannabis and the opiates, was largely confined to marginal deviant and criminal groups; after the war, drug abuse, especially that of cannabis, became more prevalent. The two main aims of the study presented here were to see how propaganda against drug use may be linked with demographic and attitudinal variables, and how law enforcement and drug control affect the attitudes of the research population.

METHODOLOGY

In order to construct a questionnaire, three pretests were carried out. The first two were meant to weed out irrelevant, nonsignificant questions by means of item analysis. The third pretest was intended to validate the various parts of the questionnaire and to determine the reliability of each part as related to the other. For the first pretest, a questionnaire was used relating to the following areas: frequency of drug use including all items of self-reporting of use, as well as symptoms of dependency and related phenomena; the knowledge of, and information about, drugs and their usage; attitudes towards drug use; and demographic variables. Four Israeli schools were chosen at random: a school from an immigrant development town in the north of Israel, a school from a highly urbanized center in the middle of the country, a school in a town of lower urbanization in the central region of the country, and a school from an urban center in the south of Israel.

The research population consisted of 416 students, ranging in age from 14 to 19 years, of whom 43.5% were female and 56.5% male. The initial demographic variables showed a research population of middle-to-upper class, most Israeli-born, who had satisfactory relationships with their parents, were happy in their studies, had been members in youth movements, and were nonsmokers.

RESULTS

Twenty-eight attitude items which were chosen after the first two pretests were factor-analyzed, and four factors resulted. Factor 1 was value judgment. The adherents to the attitudes expressed by the items in this factor identified drug use with formal delinquency and crime. There was a highly significant correlation ($p<.001$) between this value judgment factor and the third factor, legalization of drug use. Those who regarded drug use as delinquent behavior were definitely against legalization or easing of punishment toward drug users. Factor 2, attitudes toward experimentation with drugs, showed that those who believed that drug use is related to deviance and criminal behavior (i.e., those low on Factor 1) had a negative attitude towards experimentation with drugs of any sort (i.e., low on Factor 2) ($p<.001$). Factor 3, legalization of drug use, was strongly related to the attitude toward experimentation with drugs. The corresponding correlations were: Factor 1 with Factor 3, .348 ($p<.001$); Factor 2 with Factor 3, .390 ($p<.001$). Attitude toward legalization of cannabis was more lax than towards the legalization of LSD and opiates. Factor 4, attitudes of relevant others toward drug use, showed no significant difference in attitudes between peers and parents. The most conspicuous finding was that the least number of reasons given for not experimenting with drugs were related to social mores, whereas the most were related to personal, physical, or mental dangers. Also, there was a desire of the research population to be exposed to information about drugs which mostly relate to physiological and psychological effects, whereas they were relatively disinterested in legal or other aspects. An overall finding about the relationship of the knowledge about drug use was that the extent of knowledge, both general and practical, was limited.

In regard to attitudes toward legalization of drugs, boys in the population were found to be more permissive than girls ($p<.05$), and to be more knowledgeable about drugs than girls (practical knowledge, $p<.001$; general knowledge, $p<.001$). Among the research population, only eleven students used hashish at least once, and only one reported the use of opium. Forty-seven students said they would like to use cannabis at least once; 19 were ready to use LSD; and 15 were ready to use opiates. The interrelationship between the experimentation with drugs and the attitudinal factors toward drugs was found to be: of those to whom drugs were offered (N=58), 42 students expressed a positive attitude toward drugs ($p<.001$). Thirty-four students who were exposed to a drug were in favor of its legalization ($p<.001$). There was no significant link between exposure to drugs and attitudes of parents and peers toward their use. A similar degree of positive attitudes toward drugs ($p<.001$), and a favorable attitude toward experimentation with drugs and their legalization ($p<,001$), were expressed by those who professed to have associated with drug users (N=99).

CONCLUSIONS

The overall conclusion, both for theory and policy-making, is that the all-important condition for drug use is the normative legitimation or nonlegitimation of such use. In other words, any policy maker should aim at creating a normative barrier to be assimilated by the students. Whereas the actual supply, demand, and techniques of use seem to be secondary factors in drug involvement, these normative barriers have a better chance to be created if more authoritative and more precise information on personal, physical, and mental hazards involved in drug use is supplied to the students.

Hes, Jozef. The opiate addict in Israel. British Journal of Addiction, 69:159-166, 1974.

PURPOSE

The pattern of drug addiction varies with the structure of society. In some societies it is the youth in revolt which turns to drugs, in others it is the frustrated lower socioeconomic class, and again in others drug abuse is part of the culture. In order to determine what type of addict exists in Israel, data from an outpatient methadone program serving the greater Tel Aviv area were examined.

SUMMARY

Data were collected during the first two years of the clinic's operation, 1971-1973. During this two-year period, 68 patients were admitted to the methadone program. Of the 68 patients, 63 were males and 5 were females. Twenty-six were foreign-born and 42 were Israeli-born. The majority (37) were between 21 and 29 years of age; 23 were 30 years or older; and 8 were 20 years old or less. Thirty-eight had an elementary school education; 23 had between 9 and 12 years of education; and six had a higher education. Most were unskilled laborers, and 22 were unemployed. All but six of the participants were urban dwellers. Forty-one of the patients had contacts with the police. They were arrested either for possession of illegal drugs (some up to 60-80 times) or for armed robbery, forgery, and illegal possession of firearms.

Thirty-one of the patients started their addiction with hashish, marihuana, barbiturates, or alcohol at the age of 14-18. In 44 out of 68 cases, hashish or marihuana was the first drug used. Within 5 years after initial hashish use, 37 became opiate addicts. Eighteen patients used opium orally; 37 injected intravenously exclusively; and 13 used it both ways. With the exception of one and possibly two schizophrenics, the patients suffered from mixed psychopathic-neurotic states. Many complained about insomnia. It was not certain whether this insomnia was an opium withdrawal symptom or was caused by the methadone medication. One patient committed suicide.

Patients were considered program successes if they worked steadily, had no opiates in their urine, led an acceptable social life, and visited the clinic regularly. Twenty-two out of 68 cases (32%) were scored as successes. Length of follow-up was 2-6 months in 18 cases, and 7 or more months in 4 cases. The longest follow-up was 17 months.

CONCLUSIONS

Most of the addicts were young adults, aged 21-30, living a marginal existence. This same age range was also found among the addicts in the New York Narcotics Register for 1968. The sex distribution was one female to 13 males, which was less than in the U.S. in 1959 (one female to four males). The most alarming finding was that 42 of 68 (62%) patients were Israeli-born. This contrasts to figures presented in an earlier report released by the Yafo clinic in 1972, where only one out of 35 addict patients were Israeli-born. Drug addiction appears to be a big city slum phenomenon. While the success rate was only 32%, the results indicate that at least a segment of the addict population can be successfully treated on an ambulatory basis in a setting of a general hospital outpatient clinic.

Mayer, Reuven R. Drug dependence in Israel. *Journal of Drug Issues*, 5:83-88, Winter 1975.

PURPOSE

Following the 1967 war, there was a considerable influx of dangerous drugs into Israel. In order to examine the extent and nature of the problems of drug dependence in Israel, a literature review was undertaken.

SUMMARY

Since 1967, many drug-related trends have become evident. The criminal subculture has developed and intensified many new drug habits which are gradually infiltrating into the basically non-criminal strata of society. Many Afro/Asian-born immigrants have brought the drug habits of their countries with them to Israel. Cheap drugs from neighboring countries have helped to create preconditions for the development of a kind of epidemic of drug abuse, and there has also been some influx of Western drug habits by volunteers, students, and tourists. Finally, youth living under difficult social and housing conditions, due to mass immigration from other countries and cultures, are often prone to taking drugs, as are other groups with cultural anomie and difficulties in identification. Data obtained from police, health department, and clinic records indicate that hashish has been the prevalent illicit drug used in Israel. In one research study (Mandel and Miller, 1967) it was found that between 1966 and 1970, the average age of hashish users steadily declined. The youngest offender was eleven years old, and the number of arrested youths under twenty was 300% greater than the increase in the total number of people arrested for hashish. During the same period, the number of hospital admissions for drug dependency (mostly opium) increased from 13 to 32. There was also a rise in the number of drug addicts in the police files (from 872 in 1967 to 2,353 in 1970). Police seizures of hashish in 1966 totalled 5.5 kg, while in 1970 police seized 4,304 kg. For opium, the figures were 5 kg and 56.5 kg, respectively. The number of patients heavily dependent on barbiturates and sedatives grew steadily. Amphetamines and LSD were not used much in Israel.

In spite of the increase of drug use in Israel, in comparison to European and American countries the drug problem is of small magnitude. Both the army and kibbutz movement work as stabilizing factors, but the most effective stabilizer is probably the cohesive structure of the Jewish family. Comprehensive clinical facilities have opened as part of the mental health system, and treatment is given on a voluntary basis, or provided on a compulsory basis on behalf of the law courts. Israel has a dangerous drug act which is in conformity with the United Nations recommendations. The courts are hard on drug dealers, but relatively lenient on drug users. Law enforcement in general is rather successful. In 1970, changes in the "regulations for punishment" made it possible for a judge to order a defendant to be hospitalized when a crime was committed as a result of drug dependence. A patient going into treatment under this section theoretically remains a prisoner. In a survey made of 27 cases treated under this law in Beer Yacov Psychiatric Hospital in 1972-1973, 17 cases did not show any improvement, five showed some social improvement, and three seemed to respond well to treatment.

CONCLUSIONS

The main thrust in prevention should be the fight against opium and multidrug use, and the main goal should be a very broad one: to strengthen anything which contributes to the natural resistance against a developing stranglehold which drugs have on the world, especially on Western culture.

Palgi, Phyllis. The traditional role and symbolism of hashish among Moroccan Jews in Israel and the effect of acculturation. In: Rubin, Vera, ed. Cannabis and Culture. The Hague: Mouton Publishers, 1975. pp. 207-216.

SUMMARY

An examination was made of the factors involved in resistance to hashish use by the traditional Jewish community in Morocco, where hashish use is an accepted custom, and the factors involved in the selective receptivity to the custom after emigration to Israel where the environment is not conducive to drug use. While the use of cannabis has had a time-honored role in many Muslim countries, alcohol, from the religious (Islamic) point of view, became the prime forbidden intoxicant. Jewish communities which had been living in the Middle East and North Africa since ancient times came under Muslim rule from the 7th century onwards. With regard to intoxicants, the traditional Jewish cultural pattern was always different to that of the Muslim population; Jewish Law does not forbid the use of intoxicants. Despite the fact that cannabis as a drug must have been known to the ancient Jews, it was apparently not used by them; in contrast, alcohol was closely associated with religious and family ritual. According to Weil (1973), every society offers its members some external means of altering the state of consciousness; so possibly alcohol fulfilled that role for the Jews as hashish did for the Muslims.

In North Africa, the mixed Arab-Berber Empire of Morocco developed with the explicit prohibition of the use of intoxicants, even tobacco. However, hashish, or kif, was grown in the southern mountain region, and its use was regarded as an accepted custom, particularly among the less-educated and poorer classes. Among the upper classes, its use was sanctioned for medical purposes, sometimes mixed with opium. In Morocco, hashish was regarded as having relaxing and uninhibitory powers. Thus, the Moroccan Jewish community in North Africa had for centuries been exposed to the custom of hashish smoking. The question as to the reason for the Jews' rejection of hashish smoking was answered by "it was not Jewish behavior." In the eyes of these Jews, hashish smoking would have brought the Jews into the Muslim social network, a situation which they viewed as threatening. At no time was the drug presented as a danger because of its particular chemical properties. Kroeber (1948) has described the development of defensive behavior, such as the blocking of diffusions, when societies find themselves in a weaker position or inferior status vis-a-vis a more aggressive culture. In the same way, Jews in Morocco became fanatic about the preservation of their identity.

With the social upheaval following the French occupation of Morocco in 1912, Jewish migration began from the small towns to Casablanca, where there was no formal Jewish ghetto. During this period, traditionalism weakened: there were a few cases of marriages between Jewish females and male Muslims; more Jewish girls began working outside the home; and some Jewish males began to use kif openly. Between 1948 and 1951, Moroccan Jewry began to pour into Israel. At the time, hashish smoking was nonexistent among veteran settlers of European origin. The large majority of immigrants from the Muslim world continued to avoid the use of hashish in the new country. However, one segment which did not find a place for itself, either socially or economically, in the mainstream of modern Israeli life included many who came from poverty-stricken homes in Casablanca, where social control had already weakened. Until the Six-Day War in 1967, hashish smoking was on a very limited scale and was almost completely identified with unskilled or socially marginal groups among Eastern Jews and the urban Muslim population. After the Six-Day War, an increase in the use of the drug created panic reactions that a nation with the self-image of physical strength and high motivation could become morally weakened by the drug and thus militarily vulnerable. By 1973, there was a decline in middle-class usage and a loss of interest in the drug among the student population. Today, Moroccans or their Israeli-born children who smoke hashish are most likely to belong to the unskilled, to be living on welfare, or to be school dropouts.

CONCLUSIONS

The need to be differentiated from the Muslim population became irrelevant in a Jewish state. In addition, the Jews could associate hashish with the modern Western world. In the new setting, its use served as a certain type of communication shared by the delinquents and "outsiders" in Israel, and was considered a helpful means of fighting depression arising out of lack of self-esteem.

Mowlana, Hamid. The politics of opium in Iran: A social-psychological interface. In: Simmons, Luiz, and Said, Abdul, eds. Drugs, Politics, and Diplomacy: The International Connection. Beverly Hills, California: Sage Publications, 1974. pp. 159-177.

PURPOSE

No account of the opium problem in Iran can be well understood unless it is put in its historical and social-psychological context. In Iran, for most of the addicts and users, opium is not just a substance to be used, but a total way of life--a medium of both individual and social communication. The political and social-psychological aspects of Iranian opium and other drug use are explored here.

SUMMARY

The use of four drugs constitutes the present day drug problem in Iran: opium, shireh, heroin, and cannabis. Smoking outranks all other forms of opium consumption. In 1955, 3% of the opium addicts were between 1 and 19 years of age; 31% were between 20 and 29; 39% were between 30 and 39; 18% were between 40 and 49; 7% were between 50 and 59; 2% were between 60 and 69; and 2% were 70 and over. By 1975, the percentages shifted, and most were a part of the older generation. Of an estimated 250 opium users in Iran, many can be considered nonaddicts. In addition to opium users, a substantial number of shireh addicts exist in Iran. Shireh smokers follow closely the age pattern of the opium smokers, and the majority of the shireh and opium users are illiterate. Use of heroin in Iran forms part of the youth culture. Heroin addicts typically range in age from 20 to 30 years, most have completed a primary or secondary level education, and most are wealthy urban youths. Cannabis has a long history in Iran, although this drug has never been widespread, and there are no data available on cannabis users.

A total sample of 3,474 addicts admitted to a treatment center in Teheran throughout 1972 were studied. Data showed that for the total registered addict population, 1,333 were opium users (170 female, and 1,163 male); 409 were shireh users (65 female, and 344 male); and 1,732 were heroin users (76 female, and 1,656 male). The occupational composition of these drug addicts showed that the majority were employed. Most of them performed the tasks of tradesmen (1,148) and laborers (735). The next two largest groups were artisans (444) and paid employees (434). Housewives formed the largest category of female addicts (273), and all addicted children were female (27). Unlike the patterns in many Western countries, it is not the unemployed and the artist type who abuse drugs.

Opium smoking in Iran provides the following basic "nonrational" gratifications for the individual: (1) respite and escape from personal cares; (2) ceremonial and social use (functions of opium smoking are diffused among the varied classes); (3) ritualistic or near-compulsive use (there is a certain satisfaction in the ritualistic or near-compulsive habit which the act of opium smoking gives to Iranians); (4) organizational use (functions of opium smoking are compatible with the doreh, an important social institution in Iran--a group which meets regularly for reasons of common interest and communication); and (5) pharmaceutical use.

The Iranian government has experimented with a number of preventive measures in its fight against drug abuse, the two most common areas being traffic control and production control. Other preventive measures suggested strongly by the government involve a program of long-term education and a mammoth drug rehabilitation program. Special treatments were first provided in the four years following the ban on production in 1955. By registering with the government, the habitual user was and still is assured a legal supply of the drug. There are also a number of hospitals where drug abusers may voluntarily receive treatment, and Iran is in the midst of developing "drug centers," which will act as shelters for patients released from hospital treatment. Planners are attempting to attract primarily the young addicts who have not in the past trusted government and other recognized services.

CONCLUSIONS

Narcotic addiction (both opium and heroin) has not led to widespread crime among the urban or rural population as might be the case in the United States. The social values of the addicts in the Iranian society are among the most forceful and determinant factors in the prevention of crime. The Iranian is exceedingly sensitive toward the type of behavior which results in losing face and in being subject to the criticism of his friends and the public in general. A higher level of development does not necessarily bring a solution to the problem of drug abuse as has been demonstrated with the experiences in the United States and other industrially advanced countries. The major factors in the development and prevention of drug addiction in Iran are social, economic, and cultural by nature. As Iran moves toward a technological world, it can well be asked whether it has developed an attractive norm of social behavior to serve as a model for the younger generation who will rapidly swell the population ranks.

V. *Asia*

- *Afghanistan*
- *Pakistan*
- *Reunion*
- *Nepal*
- *Southeast Asia*
- *Thailand*
- *Korea*
- *China and Hong Kong*
- *Japan*

Gobar, Asad Hassan. Drug abuse in Afghanistan. Bulletin on Narcotics, 28(2):1-11, 1976.

PURPOSE

Through the use of hospital records, observations, and interviews with drug users, a description of the status of drug abuse in Afghanistan was developed.

SUMMARY

Sanayee Hospital of Kabul University has so far been the only hospital in the country dealing with neuropsychiatric disorders. All mental patients, including drug addicts, are seen on either an outpatient or an inpatient basis. The hospital's records showed that of the 5,779 cases seen between 1960 and 1969, 751 (13%) were cases of pure hashish intoxication. The number of opium addicts and alcoholics was considerably smaller; for example, between 1965 and 1974, only 24 opium addicts were admitted for treatment.

The two main drugs abused in Afghanistan are hashish ("charas") and opium ("kaif" or "taryak"). Both are produced within the country in large amounts, although cultivation and sale are prohibited by law. A new drug recently becoming popular among the upper- and middle-income classes is alcohol; however, its use is very limited and there are only a small number of alcoholics in the whole country. Hashish is usually smoked either through a water pipe or with tobacco. Opium, on the other hand, is either ingested as food or smoked in special pipes. Hashish is usually smoked in a group social setting, while opium is more often used solitarily. Opiate addicts usually avoid eating as their appetite is decreased. Hashish smokers, on the contrary, experience hunger and an appetite for a big fatty meal. Both cannabis and opium are used among the adult population; use among teenagers is rare. Almost 99.9% of hashish users are male; women, on the other hand, comprise about 10% of the opiate addicts. The use of hashish and opium is most prevalant among people of low socioeconomic status.

Use of drugs, particularly opium, for the treatment of various ailments is quite common, especially in remote districts where modern medical facilities are nonexistent. Poverty and boredom characterize life in the thinly-populated valleys, and opium serves to calm pain, reduce motivation to satisfy hunger and the sex drive, and make people indifferent and passive towards a nonproductive life. Cannabis is often used in religious ceremonies by hermits and fakirs, who hope to alienate themselves from the material world and to discover metaphysical truth.

Treatment of opium addiction has been highly successful. Treatment consists of administration of a combination of drugs in gradually reduced doses. Hospitalization usually lasts two weeks. Each patient on discharge receives prescriptions to use a milder dosage of tranquilizers for another month or so. Almost all hashish abuse cases are brought to hospital because of acute poisoning; almost all manifest overt psychotic behavior. Treatment consists of administration of major tranquilizers such as chlorpromazine alone or in combination with other phenothiazines. Almost all cases calm down and improve in a short while.

CONCLUSIONS

While there is currently no problem with drugs in the country, there is no guarantee that in the future Afghanistan will not encounter the same situation that now prevails elsewhere. The major influence would be a change in the attitude of people toward drugs. This may occur gradually during transition as part of accepting foreign cultures and lifestyles by the coming generations. A plan of operation based on realistic aims would certainly result in reducing the illicit production of natural narcotic drugs, permit the treatment and rehabilitation of the present drug-dependent population, and prevent wider abuse and its harmful consequences in the future.

Khan, Munir A.; Abbas, Assad,; and Jensen, Knud. Cannabis usage in Pakistan: A pilot study of long term effects on social status and physical health. In: Rubin, Vera, ed. Cannabis and Culture. The Hague: Mouton Publishers, 1975. pp. 345-354.

DRUG	Cannabis
SAMPLE SIZE	70
SAMPLE TYPE	General Population (1 urban and 1 rural area)
AGE	Adults; Aged (29-80)
SEX	Male
GEOGRAPHICAL AREA	Lahore and Khanpur, Pakistan
METHODOLOGY	Experimental
DATA COLLECTION INSTRUMENT	Laboratory/Examination; Questionnaire
DATE(S) CONDUCTED	January - March 1973
NO. OF REFERENCES	0

PURPOSE

There is a vast literature, although of an uneven quality, on the subject of cannabis as a drug. There is a need to study a society where cannabis use is accepted as a normal phenomenon similar to that of alcohol in Western countries. The long-term effects of cannabis use were studied on a socially well-adjusted Pakistani population in which such use was accepted (bhang as a drink, charas for smoking).

METHODOLOGY

A pilot study was performed in Pakistan from January to March of 1973. One urban area (Lahore) and one rural area (Khanpur) were selected. Thirty-five male subjects were chosen from each area. The average age of the subjects in Lahore was 44 years, with a range of 29-75. The average age at which the subjects started smoking cannabis was 16 years, with a range of 8-25 years. The average length of time they had been smoking was 28 years, with a range of 21-57 years. The average age of subjects in Khanpur was 53 years, ranging from 32 to 80. The average starting age of smoking cannabis was 17, with a range of 10-25; the number of years they had been drinking bhang was 35, the range being 20-65 years. The only criterion for the selection of the subjects was that they must have been taking cannabis regularly for a minimum period of 20 years. The investigation was divided into three phases: before, during, and after consumption of cannabis. A questionnaire for assessment of subjective feelings was completed for both charas smokers and bhang drinkers. Blood pressure, pulse, and general neurological examinations were carried out at the same time.

RESULTS

The most significant finding was that in a society such as Pakistan, where cannabis consumption is socially accepted, habituation did not lead to any undesirable results. The word habituation rather than addiction was used because neither increased tolerance nor withdrawal symptomology was found (these being the essential prerequisites of addiction).

No signs were found of physical or mental damage after 20 years' consumption of cannabis. Cannabis use did not seem to lead to addiction or any conditions resembling alcoholism. There were no findings of mental disease, criminal offenses, or social, working, or family breakdowns in any of the subjects. Finally, all subjects had myosis after cannabis consumption; the systolic blood pressure fell whereas the diastolic pressure rose, and the pulse increased.

CONCLUSIONS

There appears to be a growing fear of the ill effects of cannabis among the educated classes in Pakistan. This attitude is unquestionably borrowed from Western publications in this field. The older generation tends to see cannabis in a different perspective and is perturbed about the sporadic cases of drug addiction among the young generation.

Benoist, Jean. Réunion: Cannabis in a pluricultural and polyethnic society. In: Rubin, Vera, ed. *Cannabis and Culture*. The Hague: Mouton Publishers, 1975. pp. 227-234.

PURPOSE

The island of Réunion, presently a French Department in the Indian Ocean, has a polyethnic population of diverse origins. A study was conducted in order to examine the coexistence of different patterns and cultural traditions of cannabis use in this small territory.

SUMMARY

Cannabis or *zamal* grows very well on the island of Réunion and is relatively widespread in several regions, particularly in the mid-altitude zones of the western part of the island. The introduction of cannabis to Réunion is ancient, but there is no precise documentation. The ethnic composition of Réunion consists of the descendants of African slaves and indentured laborers from India (principally from the south), Chinese, and Europeans (principally from metropolitan France). While the use of *zamal* follows different patterns associated with the origins of the different cultural components of the island, it also undergoes transformations through interethnic contacts and contemporary social change.

In ceremonies related to Indian and Malagasy religions, the use of cannabis has retained some of the traits closest to those that characterized it in the societies of origin; but these uses are now limited and are disappearing. During feasts, cannabis cigarettes are smoked communally. In the eyes of the Malagasy, this activity leads to violent behavior and gives the Malagasy people a reputation of brutality. The religious role, as well as the social functions, of cannabis differs profoundly among the Indians of Réunion from what has been observed in the north of India. Only the possessed priest, in the course of specific possessions, is allowed to use the plant--and he does not use *zamal* to initiate possession, but only after possession has occurred. The priest smokes only when he is possessed by the spirit, and the possessed priest, consequently, must feel nothing and in no case reveal any effects of the drug. This indifference is the sign of possession. The ritual use of *zamal* as a test extremely limits its secular use. Although some young men finish the "ciga" begun by the priest, the sacred role of the plant and the awe accompanying it constrain its widespread use. For traditional secular uses, *zamal* is planted in home gardens or in sugar cane fields, and serves a therapeutic function, magical as well as pharmaceutical. Human consumption outside of religious ceremonies seems always to have been somewhat limited, and it has never posed a major problem.

Two sociocultural trends of consumption have coexisted for a long time: consumption by agricultural workers, and consumption by the elite. Some Réunion writers, influenced by French writers and impressed by the Indian ceremonies, formed small groups which exalted *zamal* in the poetic-mystical manner of French poets. *Zamal* became the symbol and the means of rejection of the most rigid forms of Western thought, mixed with an Indian point of view that valued its mystics. This partly underlies present ideological trends.

In the period since the 1950's, Réunion has seen considerable social changes. As a French Department, it has received a large influx of money that has produced a new middle class. *Zamal* cannot be considered apart from these changes, and in many respects, the new society has created a milieu more favorable to use of the plant than the preceding one. The two principal trends of subproletarian and elitist use are still found. The former has mainly attracted workers in densely populated communities, and the latter has grown as the indirect result of the rapid social mobility created by education. Following the example of late nineteenth century poets, groups of continental youth and students from the lycées began to smoke on the beach or outside the schools. The authorities have dealt quietly in regard to legal trials and sanctions, feeling that the phenomenon does not present a social menace, and any exaggeration would lead to other than desired results. New modes of consumption are clearly opposed to the traditional island pattern. At the same time, ritual uses have regressed to the point of being purely symbolic. In a modern society in which division into ethnic and cultural groups is less significant then class structure, the use of cannabis moves from forms marked by the cultural antecedents of particular ethnic groups to forms characteristic of social classes and age groups.

CONCLUSIONS

Despite its availability, the use of cannabis is still rare. On the other hand, alcoholism in Réunion is more widespread than in most countries of the world. The real cultural choice between alcohol and cannabis has yet to be explained in a country where both are easily accessible and neither is costly.

Sharma, B.P. Cannabis and its users in Nepal. British Journal of Psychiatry, 227:550-552, 1975.

DRUG	Cannabis
SAMPLE SIZE	454
SAMPLE TYPE	Cannabis Users; Controls
AGE	Adults (median 37)
SEX	Male
GEOGRAPHICAL AREA	Nepal
METHODOLOGY	Case Studies
DATA COLLECTION INSTRUMENT	Interviews; Observation
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	0

PURPOSE

Until recently, Nepal had no restrictions on the hoarding, buying, selling, or consuming of cannabis. However, owing to the large influx of nonconformist youth from the West, the circle of its users has become wider and has come to have a noticeable effect on Nepalese society. As a result, cases have been documented of persons in toxic states and in need of medical treatment. Such things were unknown before. While there are no restrictions on its cultivation, there has been an increasing amount of social disapproval toward its use. A group of cannabis users was compared to a group of matched nonusers in terms of personal initiative, efficiency, personal relations, marital harmony, and attitude toward religion.

METHODOLOGY

A total of 227 chronic users of cannabis (more than 3 times a day for more than 2 years) were included in the study. Of these, 9 were university graduates, 23 were undergraduates, 43 were high school students, 79 were barely literate, and 73 were illiterate. A control group was selected and matched to the experimental group in number, age, and educational standing. Information was gained through observation and interviews.

RESULTS

Of the nine graduate users, all were working but their work was unsatisfactory. All were irregular or unpunctual in attendance, were reluctant to assume responsibilities, and took no initiative. In the control group, all 9 graduates were active, regular and punctual at work, and possessed enthusiasm and initiative. Among the undergraduate users, 18 were employed as part-time workers and the remaining 5 said they did not need a job (whereas circumstances showed otherwise). In the control group, those classed as undergraduates had had to leave their studies in order to earn a living, so all of them were employed. Not one of the high school users was employed, while all but six of the controls were employed. Among the barely literate and illiterate, the controls were generally fully employed in satisfactory positions, while the drug users were generally employed part-time and their work was unsatisfactory.

When compared to the controls, the drug users were untidy, unkempt, slovenly, and slow. They did not want to socialize with anyone other than members of their own group of cannabis smokers. The conversation of cannabis users was monotonous, full of unnecessary details, and marked with circumstantiality and fantasy. Many of the cannabis users were morbidly jealous and almost fanatical about religious faith, and relied absolutely on fortune and mystic power. They showed no ambition and their emotional responses were immature. Regarding crime, there were no apparent differences between the drug users and controls.

Among users, 43 were single, 17 were widowed, and 166 were married and living with their wives. Thirty-one of those married were interviewed. None of them had normal interest in the sexual side of marriage. Their sexual indulgence was sporadic and they thought of such indulgence as harmful to health. Of the controls, only 3 expressed similar views. The cannabis users did not have close relations with their families. Within the home, they spent their time sleeping or sitting and daydreaming.

CONCLUSIONS

The explosive influence of "hippies" in Nepal has caused some changes in the behavior of long-standing cannabis users. Formerly, intoxication had not required medical attention, but recently many cases of "hashish poisoning" have been reported and many persons are known to have had treatment. As a result, the buying and selling of cannabis is now legally restricted.

Fisher, James. Cannabis in Nepal: An overview. In: Rubin, Vera, ed. Cannabis and Culture. The Hague: Mouton Publishers, 1975. pp. 247-255.

PURPOSE

No detailed and systematic study has been done on drug use in Nepal. The study presented here represents a brief overview of the variety of uses of cannabis and the attitudes toward them in Nepal.

SUMMARY

Traditionally, Hindu yogis (more often than not pilgrims from India) have used cannabis as an aid to meditation, and male devotees use it as a symbol of fellowship in their frequent bhajans (devotional meetings). It is also used for a wide variety of Ayurvedic medicinal purposes, both human and veterinary. Finally, it is used by older people of many castes to while away time when they are too old to work in the fields and, until recently, only secretly by younger people in search of fun. All these uses have existed in the context of a society which had long since learned to accommodate, regulate, and restrict them within traditional and secure limits. This situation was profoundly altered in the mid-1960's when the "hippie" invasion began after the discovery that marihuana and hashish were openly and inexpensively available in Nepal. Smuggling across the border into India increased, and it is estimated that in recent years, more marihuana was exported than consumed in Nepal. The Nepalese government began to regulate by law and license the cultivation, sale, and export/import of cannabis (and other intoxicants) with the promulgation of the Intoxicants Act of 1961, and the Intoxicants Rules in 1962.

At the same time, the attitudes of young, middle-class Kathmandu Nepalese began to change. Whereas cannabis use had been largely confined to older people, it came to be regarded as a novel, pleasurable, and acceptable way to have fun with friends. For a few Nepalese, it became a mark of sophistication to use cannabis openly.

On July 16, 1973, all dealers' licenses were revoked, and at present it is illegal to buy, sell, or cultivate (but not to use) cannabis. The three factors contributing to this crackdown are: (1) Nepalese alarm that their own youth are being corrupted by cannabis; (2) United Nations pressure to join other nations in outlawing cannabis; and (3) U.S. pressure for narcotic control. As a consequence, the government has lost revenues of $100,000 from the sale of licenses; and in addition, the farmers and middlemen and retail traders have lost their profits. Although the Kathmandu dealers have been able to shift their resources into other fields, such as handicrafts, the hill farmers in the west, for whom cannabis was a small but crucial cash crop, have been hurt by the ban.

CONCLUSIONS

There has been little outcry against the new order, although individuals do complain privately. Cannabis is not impossible to find now; it simply takes more time and trouble. Dealers regard the new rules as unfair. The new restrictions work against the interests of poor people, who do not have the money to buy alcohol but can afford cannabis.

Martin, Marie Alexandrine. Ethnobotanical aspects of cannabis in Southeast Asia. In: Rubin, Vera, ed. Cannabis and Culture. The Hague: Mouton Publishers, 1975. pp. 63-75.

PURPOSE

Cannabis indica, originating in central Asia, was probably introduced into Southeast Asia in about the sixteenth century. The different uses of cannabis and attitudes regarding the plant were examined from an ethnological rather than a pharmacodynamic perspective. Data are presented principally from Cambodia with some observations about Thailand, Laos, and Vietnam.

SUMMARY

The hemp plant in Southeast Asia is smoked with no prior treatment at all. The entire plant is used, and after being dried in the sun, it is cut into small pieces. Most often, it is smoked with tobacco; more rarely, it is smoked alone. In Cambodia, it is essentially the males who smoke kanhcha. Their first use generally occurs when they are around fifteen years old. Rarely Cambodian girls use the pipe, although they are not authorized to do this before the age of eighteen. This practice is common, however, among the women of certain northeastern tribes. On the whole, there are few Khmers who become intoxicated by the plant, for they do not smoke regularly, taking only a few puffs from time to time.

Except for restrictions in Thailand, there is no regulation of the use of hemp in popular medicine. Everywhere it is considered to be of analgesic value, comparable to the opium derivatives. Moreover, it can be added to any relaxant to reinforce its action. In Cambodia, the entire male or female plant is used for the cure of numerous maladies, and while these remedies are being taken, the patient is not subject to nutritional taboos, contrary to what is often the case. In Thailand, numerous curative virtues are attributed to cannabis, and in Vietnam, traditional medicine, which has been largely inspired by Chinese medicine, makes great use of cannabis.

Traditionally, cannabis has not been prohibited in Southeast Asia. In Cambodia, it is not considered a dangerous product, as opposed to opium, which is assumed to lead to depravity. For the Khmer people, smoking hemp is an added pleasure to give oneself, and it is agreeable to smoke with friends. It is a group pleasure, taking place after the evening meal when the head of the house lays out a straw mat and invites others to accompany him. Smoking is used to avoid being sad, and to experience a feeling of well-being. Due to its strength-giving qualities, hemp is often used to accomplish difficult tasks. Although it may happen that an individual who wishes to prolong the feeling of strength and well-being experienced on these occasions gradually turns to regular use of hemp, on the whole this trend is not frequent. Further, this particular use of kanhcha is not general, and is exclusively a male activity. This is also the case in Laos. Being in possession of kanhcha does not constitute an offense; the normal reaction being, rather, to laugh and wish pleasure to the person who has it.

CONCLUSIONS

In Southeast Asia, distrust regarding hemp appears among individuals having cultural and social attitudes patterned after those of the West. As for the peasants, they experiment with everything that belongs to their universe, often have complete knowledge of all the elements that compose them, and how to use them in moderation. It is therefore not surprising that they consider cannabis to be a plant that is socially beneficial.

Schneider, Robert; Sangsingkeo, Phon; Panpanya, Boonarb; Tumrongrachaniti, Sukree; and Witayarut, Chinda. Incidence of daily drug use as reported by a population of Thai partners working near United States military installations: A preliminary study. International Journal of the Addictions, 11(1):175-185, 1976.

DRUG	Multi-Drug
SAMPLE SIZE	497
SAMPLE TYPE	Volunteer
AGE	Adolescents; Adults (mean 26)
SEX	Female
GEOGRAPHICAL AREA	Thailand
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaire
DATE(S) CONDUCTED	1972
NO. OF REFERENCES	6

PURPOSE

The number of Thai drug users has been reported to be increasing in recent years, with the total number of heroin addicts estimated to be over 300,000 in 1972 as compared to only 60,000 in 1968. As yet, there has been no formal research to study the prevalence and incidence of this problem. Few studies of the drug user exist, and most data available are from clinical impressions based on individuals seeking treatment. A study was designed to provide preliminary data on certain drug use patterns of a specific Thai population, and to infer how relations that are formed between this population and an American soldier population affect the drug use of each.

METHODOLOGY

A total of 497 Thai women between the ages of 16 and 48 (mean age: 26 years) were interviewed from January to May 1972 by public health nurses from the South East Asia Treaty Organization Medical Research Laboratory. The subjects were primarily bargirls or "hired-wives." All had solicited partners from among American soldiers. The subjects were asked to state the drug use patterns of themselves, their friends, and their U.S. servicemen partners. Individuals were defined as "drug users" if they reported daily use of any drug for the 30 days previous to the interview. The exception to this was alcohol, for which daily use for the previous 90 days was used to classify a respondent as a drug user.

RESULTS

Fifteen percent of the women reported current drug use, of which half could be attributed to alcohol, and 22% to marihuana. Little amphetamine (9%) and barbiturate (12%) and no heroin or hallucinogen use was reported. Forty-nine percent of the subjects reported their first use was primarily motivated by the suggestion of a Thai friend, and an additional 11% reported an American friend first suggested the drug use.

Regarding drug use by friends, the majority of subjects (59%) stated that many of their friends and acquaintances used drugs, mainly marihuana (50%). Very little heroin, alcohol, or amphetamine was reported used. About one-third of the subjects indicated over half of their friends used some drug every day.

A large percentage (42%) of "previous" boyfriends were reported to have used drugs. Marihuana was the drug most frequently reported. Among present boyfriends, a much smaller percentage (19%) allegedly used drugs. Marihuana was again the drug most frequently reported used. Heroin was reported used by 9% of respondents' boyfriends and alcohol by 4%. Two percent of the women indicated that they encouraged their American boyfriends to use drugs. Another 52% indicated they tried to stop their American boyfriends from using drugs. Forty-eight percent of the women reported that their boyfriends had encouraged drug use, but at least 71% refused to follow these suggestions. The types of drug use that the Americans reportedly encouraged were marihuana (87%), marihuana and some other drug (9%), alcohol (3%), heroin (1%), and barbiturates (1%).

CONCLUSIONS

The survey evoked data about drug use and behavior in populations of Thai women who have intimate, if sometimes transient, transaction with American servicemen. Although there is some suggestion that transmission of drug use occurs in the context of this relationship, it does not seem likely that this is the predominant mode of drug-use transmission for either the Thai or the American population.

Lee, Chung Kyoon. Psychiatric study on the narcotic addicts in Seoul, Korea. In: International Council on Alcohol and Addiction. Papers Presented at the 2nd International Institute on the Prevention and Treatment of Drug Dependence, Baden, 1971. Lausanne, Switzerland: the Council, 1971. pp. 1-32.

DRUG	Opiates
SAMPLE SIZE	1,388
SAMPLE TYPE	Treatment (inpatient)
AGE	Adolescents; Adults (mean 40)
SEX	885 Male; 503 Female
GEOGRAPHICAL AREA	Korea
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Psychological Tests
DATE(S) CONDUCTED	1966 - 1969
NO. OF REFERENCES	38

PURPOSE

The problem of narcotic addiction has long been one of major concern in the field of psychiatry. The recent trend is to define the concept of "habitual addiction" as a symptom of various psychogenic disorders rather than as a particular disease entity. Since 1966, there has been a yearly decrease in the number of narcotic addicts in Korea, largely because of strict regulations on narcotic drug smuggling. Still, narcotic addiction is one of the major social problems in Korea; there are 24-30 addicts per 100,000 people. In order to investigate the demographic, social, and psychiatric characteristics of narcotic addicts in the Seoul area, narcotics users admitted to hospitals between 1966 and 1969 were studied.

METHODOLOGY

A total of 1,388 narcotic addicts hospitalized in Seoul Municipal Mental Hospital between January 1, 1966, and December 31, 1969, were included for study. Subjects consisted of 885 males and 503 females. Investigation involved psychological tests and two to three sessions of formal interviews after cessation of withdrawal symptoms. Supplementary information was obtained from policemen and family members.

RESULTS

Most (75%) of the abusers were in the 26-50 age group. Less than one percent were teenagers, and addicts under the age of 25 amounted to only 8% of the sample. The average age of males was 43, and that of females was 36. Twenty-one percent of the addicts had lost one or both parents before the age of 16. Paternal losses were more frequent for males, while maternal losses were more prevalent for females. Compared to the general population in Seoul, the addicts more often experienced remarriages, divorces, separations, illicit marriages and separations due to death.

Regarding education, male addicts did not differ from normal Seoul citizens, but female addicts were much lower in educational levels than the control group. Before addiction, the subjects belonged primarily to the middle- and lower middle-class (37% and 39%, respectively). After addiction, the majority of the subjects belonged to the lowest social class (53%). Before addiction, 39% of the subjects had normal occupations, 34% had criminal occupations, and 26% had no occupation; at admission, 21% had normal occupations, 47% had criminal occupations, and 32% had no occupation. Among normal occupations, merchants were most frequent, followed by laborers, entertainers, clerks, and barmaids. The majority of criminal careers involved pickpocketing for men and prostitution for women. After addiction, 53% of the addicts were arrested as criminals, whereas only 2% were arrested before addiction. No female cases had been arrested before addiction.

Most of the subjects (80%) began drug use between the ages of 21 and 40; the mean age of first use was 32. The smuggling den was the most frequent place of initial use (67%), followed by clinics (15%) and drugstores (10%). Most of the subjects (71%) had been addicted over 3 years before admittance to a hospital. The average duration of addiction was 5 years. As direct motives for initial use, psychogenic causes were detectable in 69% of the cases. Interpersonal conflicts within the family were the most frequent cases, followed by temptation by friends, death of a family member, and separation. As a whole, 80% of the cases concerned conflicts in interpersonal relations. Among the initial motives to use narcotic drugs, 73% involved physical illnesses; this was more prevalent in males. Gastrointestinal disorders were the most frequent causes, followed by musculoskeletal and genitourinary disorders. Based on psychiatric evaluation, it was determined that 84% of the subjects were personality disorders, 6% suffered from psychoneurosis, 4% were schizophrenic, and 1% were psychosomatic. In 5% of the cases, no psychiatric disorders were found.

Drug use patterns have changed over the years. Of all drug cases in 1966, 35% were narcotics cases; nonnarcotic cases accounted for 8%, and mixed or alternatingly using cases accounted for 42% of the total cases. In 1969, the figures were 11%, 54%, and 12%. Hence, pure narcotic addicts were decreasing year by year; on the other hand, nonnarcotic cases were increasing.

CONCLUSIONS

A general feature of drug patterns in other countries is that the average age of addicts becomes younger. In the U.S., more than half of the addicts are under the age of twenty (Wikler, 1967). Surprising increases among teenagers have also been reported in England and in the Phillipines. This phenomenon is more prominent for the nonnarcotic habit-forming drugs. In the present study, such a trend was not found. In fact, the tendency in Korea is for the average age of addicts to increase year by year. Although there has been an increase in the use of nonnarcotic drugs by teenagers, most of the addicts tend to be older persons who become addicted in the course of self-treatment of physical illness, or in an effort to cope with psychological conflicts.

Hess, Albert G. Chasing the Dragon. A Report on Drug Addiction in Hong Kong. Amsterdam:
North Holland, 1965. 182 pp.

PURPOSE

Hong Kong has had a long history of narcotics abuse. Further light is shed here on present-day addiction, including a description of addict characteristics and the means of dealing with the addict in the legal and treatment areas.

SUMMARY

Brief History

From the ninth century on, opium has been used in China for medicinal purposes. Ever since 1841, after the "First Opium War," opium has been important to the Colony; Hong Kong has served as a center of the opium trade both with China and, later, with the United States. The first systematic investigation into the physical and psychosocial conditions of drug addicts was undertaken around 1846. The replacement of opium by heroin as a response to antiopium measures became a common occurrence in Hong Kong, Japan, Thailand, and other places. Historical surveys have shown that at one time or another, both legal opium sales and illegal smuggling coexisted in both China and Hong Kong.

Present-Day Addiction

The number of drug users in Hong Kong is unknown, although estimates have set the number somewhere between 150,000 and 250,000. More recently, the number is believed to be considerably smaller (50,000), although there have also been estimates of 300,000 and higher. The amounts of opium and opiates seized in Hong Kong vary a great deal and, while they indicate that the law is being vigorously enforced, they do not necessarily indicate how much narcotics are being consumed. If crime rates rather than raw figures are used in the statistical analysis, the number of narcotics offenses committed in Hong Kong do not appear alarming: the figures from 1955 to 1961 vacillate, the main increase in number of narcotics offenses occurring after the narcotics laws were broadened. This trend seems to indicate that the Colony is keeping its addiction problem under control, despite numerous difficulties and extreme social problems. Secret societies have to a certain extent, in the past, controlled the narcotics traffic in Hong Kong. Less formally structured and ritual-oriented groups seem to have gained more prominence in local trafficking.

Imprisonment of Addicts and Addict Characteristics

Two out of three Hong Kong prison inmates are narcotics users. Whenever drug offenders constitute a high percentage of the prison population, the question may be raised of whether imprisonment is really the best way of dealing with them. It is doubtful whether imprisonment is the most effective way of dealing with the addict. A study of the characteristics of drug users in prisons showed a large number to be in their early thirties. Two-thirds had started the habit before the age of 35; 10% had started in their early teens. The average length of addiction was from 10 to 14 years. Over one-fourth of the addicts had had one year or less of education. Over 50% claimed they took narcotics as a medication against disease. In another prison study, a total of 64% narcotics offenses and 36% nonnarcotics offenses were committed by inmates. Those using heroin exclusively were fairly young; those who used opium exclusively were older. Female and juvenile addicts are rare in the Colony, although women and children frequently carry narcotics.

Preventive Measures

A number of general social measures being undertaken in Hong Kong that have a limited effect on narcotics offenders include: the resettlement program; medical outpatient centers that treat poor patients free of charge; and law enforcement, which is the main preventive measure used by Hong Kong against narcotics abuse, through control of smuggling, narcotics units, and international cooperation. Hong Kong's efforts to fight the narcotics problem through criminal legislation resemble those of the United States, although the penalties have not yet reached the same degree of severity. It is generally recognized that deterrence depends in the first place on effective law enforcement, and not on mere legal threats of punishment. Since November 1959, the Hong Kong government, along with private organizations, has undertaken a widescale propaganda campaign in an effort to educate the public on the dangers of drug abuse. Special attention has been given to indoctrinating the civil servants of the Colony.

Treatment of Addicts

As long as voluntary treatment facilities are not sufficiently available, those treatment facilities which exist within the Colony's correctional system are particularly important. The Hong Kong government regards the imprisonment of the addict as an opportunity to cure him. The treatment program at Tai Lam prison is aimed mainly at the inmate's physical rehabilitation. Furthermore, outdoor work--especially on public-improvement projects--is part of the rehabilitation, and all prisoners receive a small salary. The statistical data available on the results obtained with addicts at Tai Lam indicate that about one-third of the inmates released resumed the habit and were reconvicted.

The Hong Kong Dangerous Drugs legislation does give special drug privileges to physicians and related professions. It always exempts from its penal prohibitions those cases in which doctors, dentists, or veterinarians have prescribed or administered narcotics within their legitimate professional practice; however, it has never been decided what constitutes "legitimate practice" in Hong Kong. In September, 1960, Hong Kong issued the Drug Addict Treatment and Rehabilitation Ordinance, which opened the way for the establishment of voluntary treatment centers. According to one provision, a patient applying for voluntary treatment must sign a legally binding obligation to remain at the center and to be detained against his will for six months. Aftercare for ex-addicts, whether they come from prison or from voluntary treatment institutions, is considered of greatest importance. Aftercare workers, however, are difficult to recruit in Hong Kong; in order to alleviate the shortage, local institutions of higher learning are now providing special training in social work at the undergraduate level. Aftercare work in Hong Kong has many difficulties which do not exist in other places, mainly because of the fact that so many clients have no fixed address, live as squatters, or cannot always be expected to report because of long working hours. The Discharged Prisoners' Aid Society supplements the Prison Department's aftercare services by offering its employment services and hostels to former inmates of Tai Lam Prison. Other experiments in the care of former addict prisoners have been undertaken in Hong Kong, many sponsored by various church organizations in cooperation with the government.

CONCLUSIONS

Further study is recommended as a means of arriving at closer estimates of the true number of addicts in the United States and Hong Kong. Study should also be made of the pharmaceutical, psychological, and social differences in the effects of heroin and opium, and a survey of various population groups regarding the narcotics problem should be conducted, using public opinion research methods. A comparison of institutions in the East and in America would show whether there is really a significant difference between East and West.

Ding, L.K., and Chan, L.Y. A study of ex-prisoner female narcotic addicts in Hong Kong. Bulletin on Narcotics, 12(2):7-11, 1970.

DRUG	Opiates
SAMPLE SIZE	109
SAMPLE TYPE	Ex-prisoner Addicts
AGE	Adolescents; Adults (15-65)
SEX	Female
GEOGRAPHICAL AREA	Hong Kong
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	1

PURPOSE

Narcotic addiction is one of the most serious social, economic, and medical problems in Hong Kong. It is estimated that female addicts constitute 3%-5% of the total addict population. A treatment center for ex-prisoner female addicts was established in 1967. It began as a pilot project to test whether female narcotic addicts could be treated for a short period of two months in a drug-free environment, followed by intensive aftercare, including family reconciliation, job training, and job procurement. To determine the program's effectiveness, a follow-up study was made of a group of discharged female prisoner addicts treated at the center between 1967 and 1968. A description of the female addicts was also compiled.

METHODOLOGY

A group of 109 women who were treated at the center between 1967 and 1968 were subjected to follow-up for over two years subsequent to discharge. Outcome status was based on continued abstinence or relapse.

RESULTS

Characteristics

The largest number of female addicts who volunteered for treatment came from the group ranging in age between 31 and 50 years (N=86). The youngest in the study was 15, and the oldest 63, when they volunteered for treatment. The small number of younger addicts (N=9) did not reflect the true picture of addiction among the general population of Hong Kong teenagers, as it is generally known that very few younger addicts would volunteer for treatment because they can easily support their habit by engaging in prostitution.

The occupation of most of the subjects was prostitution (N=88). Of these, 57 were first addicted to narcotics before becoming prostitutes. Similarly, 10 of the women who were either narcotic peddlers or pickpockets were first addicted before becoming involved in criminal activities. Nine of the subjects were married, 12 were widowed, and 88 were cohabiting with others. Without exception heroin was the only drug used by these women. The majority (55%) injected the drug, while the remainder inhaled it. First introduction to drug use for those under 25 years of age was usually through an addicted boyfriend. The male partners often deliberately induced their girlfriends to begin the habit so that they could make use of them to practice prostitution in order to support their habit. The women who first became addicted when middle-aged or older were often from rather well-to-do-homes. They were either wives, mistresses, or concubines of wealthy people who served opium in their homes as a method of entertaining their guests. These women, many from mainland China, changed from opium to heroin after they came to Hong Kong.

Outcome

Of 109 females admitted to the center, 25% failed to complete the two months of treatment; 18% left the center of their own will because they could not withstand the discomfort of withdrawal; 7% had to be discharged by the staff because of disruptive behavior. Of the remaining 78 subjects who stayed in the program, 58 were known to have relapsed after discharge. Twenty-three relapsed within the first month after discharge, 16 after 2 months, 8 after 3 months, 4 after 4 months, 3 after 5 months, and 1 each after 6, 7, 8, 11 and 15 months. It was, in fact, surprising that 10 of the 78 remained abstinent. Of these 10, 2 remained so for more than two years, 2 for over 18 months, 2 for over 12 months, and 4 for more than 6 months. Their ages ranged between 30 and 57. Seven who were former prostitutes currently had respectable occupations: 3 worked as maidservants, and 4 had become housewives. One who was a former drug peddler and one who was a pickpocket were currently maidservants, and the tenth, a former housewife, remained so.

CONCLUSIONS

A study of the characteristics of those who had relapsed compared to those who remained abstinent revealed no reason for success or failure. Although the relapse rate was very high (68 out of 78), the results are gratifying in view of the type of addicts dealt with and the short period of treatment.

Holzner, Anne S., and Ding, L.K. White dragon pearls in Hong Kong: A study of young women drug addicts. International Journal of the Addictions, 8(2):253-263, 1973.

DRUG	Opiates
SAMPLE SIZE	14
SAMPLE TYPE	Treatment (inpatient)
AGE	Adults (mean 20)
SEX	Female
GEOGRAPHICAL AREA	Hong Kong
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	8

PURPOSE

Drug addiction among young people is on the increase; Hong Kong with its complex social problems shares this trend, including in it both young women and young men. There has not been a high incidence of addiction among Chinese women, traditionally the most protected segment of that society. The proportion in the addict population is usually estimated at from 3% to 5%. But Prison Department figures show a very fast rise in the percentage of young female addicts (Hong Kong Prison Dept., 1965). Contributing to this trend are weakening social taboos and changing personal reasons for drug use. To understand some of the forces attracting and keeping young women in Hong Kong's drug subculture, a group of young drug addicts were interviewed regarding their socioeconomic position, drug history, and personal and social attitudes.

METHODOLOGY

The sample included 14 young women addicts under the age of 25, all Chinese and all addicted to heroin. The mean age of the subjects was 20.2 years; half were 17-20 years old, and half were 21-25. Almost the whole sample was taken from Tai Lam Treatment Center for Women of the Hong Kong Prisons Department; two girls were clients of a newly opened voluntary treatment center. The respondents were interviewed for at least one hour each in Cantonese, their native language.

RESULTS

Social and Economic Background; Drug History

Twelve were born in Hong Kong and two were brought there when they were five years old. Place of residence changed frequently, and only three were living in their own homes with their husbands; six were married (most in an unstable common-law situation). Unstable job histories started early in life, and earnings varied from $1.60 a day to $16-$32 a day. Of the women's fathers, five were dead and one had deserted the family. Fathers were the economic heads of the family in only five cases, and they earned low salaries. The mother was living with the family in ten cases; four of these held low-paying jobs. A disrupted family life was indicated by the frequency of financial stress, moving of homes, and the lack of one or the other parent. Where the family had remained together, it was not usually a warm, cohesive unit. For most girls, education ended with primary school, and no attempt at vocational training was made, except in one case. After leaving school early, they had few friends and appeared to be lonely and drifting, at which time they turned to drugs. Religion was unimportant to most. Half had previous prison records, often for drug-related crimes.

The average period of drug use was four years; the shortest period was one year, and the longest, nine years. Four used intravenous injections; the rest, inhalation methods. They consumed drugs usually three times a day, spending from $.80 to $12 daily. Most preferred to smoke in a group of other addicts, and most were very speedily addicted once they tried the drug; six became addicted in one month or less. Fully half of the girls said that they were aware of the dangerous nature of drugs before they took them, but hadn't known that they would be so quickly addicted. Reasons for drug use were several, but almost without exception they started "because of association with others who use drugs." "For fun, excitement, and curiosity" was cited six times, and "escape from reality or worries," four times. Only one girl mentioned "long work hours" as part of her reason. Addiction among their parents was rare.

Attitudes About Themselves and Their Lives

Half said they agreed with their families on most or some important things. Two girls specifically criticized their parents for being too permissive, and about half said that they got along all right with their families. Most of the life goals expressed centered around a solid family life, but the two most confirmed addicts stated that their only goals were money and heroin. Six girls worried most about their parents, while most worried about their own futures. Only five girls considered themselves quite happy. Eight were dissatisfied with what they had achieved in life. However, success was important to these girls; although success was not defined, half perceived a good opportunity for success locally, but three saw no chance at all. The girls also had no clearly formulated life plans; eight felt that they had had little or no control over the way their life had gone, and five felt they had some control. The girls perceived a deep lack of social concern in others, yet they were dependent on others--primarily their parents--for help in making important decisions. Twelve viewed themselves differently since becoming addicts, and always in a poorer light. Besides this loss of self-esteem, ten girls said they had lost respect in the eyes of their friends. The two girls totally enmeshed in the drug culture said that their friends respected them more for their addiction. Seven were undecided as to whether they would return to drugs, and five stated that they would not.

CONCLUSIONS

The data indicate widespread poverty, weak family relationships, little schooling, lack of vocational training, unstable job history, and movement into quasilegal and illegal occupations among this group of female addicts. These factors are reinforced by feelings of loneliness, yearning for a good family life but the inability to achieve it, lack of clear life goals, and perceptions of an indifferent, uncaring society. Combined, these lead to a gradual drift towards drugs. The drug subculture provides a companionship, enjoyment, and relief from daily problems not found in "straight society." Far higher income is the basic attraction of the marginal jobs often associated with drugs. Prevention and treatment of addiction should, therefore, focus on both psychological and social factors of causation. Particular attention must be paid to undercutting the strong economic foundations for drugs in Hong Kong society, and providing real channels of participation for young people within society.

Fundamentally, the drug problem derives from the structure of Hong Kong society, not only a faulty adjustment to society. Particularly there is a strong economic foundation for the drug culture--addiction pays off economically in too many ways. For individual addicts it also provides a sense of social solidarity and belonging, as well as pleasure.

Singer, K. The choice of intoxicant among the Chinese. British Journal of Addiction, 69:257-268, 1974.

PURPOSE

Much interest has centered on the reported prevalence pattern of high narcotic and low alcoholic dependence in the Chinese and other Asians; this is patently the reverse of the pattern in the West. Any differences between the Eastern and Western pattern are of interest because of the light they shed on sociocultural factors in causation. A review of the literature was made to assess the actual prevalence pattern of choice of intoxicants and of dependence in the Chinese, and to consider the factors that may account for such a pattern.

SUMMARY

There is a dearth of studies on the prevalence of alcoholism in the Chinese. The general consensus, however, has been that the Chinese drink fairly copiously yet very rarely develop alcoholism. For example, in his survey of 20,000 inhabitants in Taiwan, Lin (1953) found only two alcoholics. Singer (1972) cited evidence that among Chinese in Hong Kong, the prevalence of alcoholism was moderately low. However, this was based on hospital admission figures of alcohol psychosis and alcoholism, which were as high as those reported for a number of Western countries. Thus, alcoholism in the Chinese does not seem to be uncommon. The Chinese studied in Hong Kong generally drank at meals only. Drinking-centered institutions and groups were absent. Chinese alcoholics were found to resemble closely their Western counterparts in development of illness and manifestations; however, the Chinese subjects tended to be more introverted, to drink alone, to be less aggressive, and to engage in drinking in order to overcome personality inadequacy rather than to socialize.

In contrast to alcoholism, the high prevalance of narcotic addiction among the Chinese has been well documented. In 1949, the People's Republic of China declared its policy of total eradication of opium, and today the problem of narcotic addiction does not exist. However, before 1949 narcotic abuse was a major problem; at the turn of the century, eight million people were estimated to be using opium. The literature on the prevalence of narcotic addiction in the Chinese outside of the People's Republic of China has consistently reported a high prevalence. Hong Kong historically played an important role in the development of opium abuse in China. Periodic efforts at restriction dated as far back as the 1880's, but the use of opiates went unabated and it was not until 1959 that intensive efforts were carried out to enforce the law against consumption. Estimates of current addiction in Hong Kong range from 6% to 10%, the highest per capita rate of narcotic addiction in the world.

Throughout Chinese history, consumption of opium was regarded as a social activity and was interwoven into the ideational systems, customs, and practices of the culture. Opium smoking became a ritual and an "art," and gained a measure of social acceptance if not respectability. The force of tradition which opium acquired became an important factor in its continued use. In Hong Kong today, narcotic addiction is associated with slum districts, minority groups, poverty, and a variety of social problems. Two patterns of causation have been discerned through longitudinal studies. In one pattern, subjects had relatively good previous personalities, and sociocultural factors centered around easy availability of drugs. In the other pattern, the subjects had poor personalities which played the main role in initiation, maintenance, and relapse.

It appears that moderation in drinking, rather than mode of drinking, is the crucial factor in lower alcoholism rates; therefore, the custom of drinking at meals as such is unlikely to account for the low alcoholism prevalence. The widespread acceptance of opiates could be the result of the fact that the Chinese largely consume opiates by smoking, which is less intoxicating than by injection, and that there is a relative paucity of ill effects and a lower degree of physiological dependence. This could be an important factor in determining the social acceptability of opiates.

There seems to be ample evidence to show that traditional Chinese culture sanctioned the passive and yielding traits and abhorred rowdiness and boisterousness. Such a culture would also be expected to prefer the use of opium, which favors expression of the former traits, to alcohol, which contributes to the latter. Confucian rationalism, which stressed the importance of self-cultivation through intellectual control, conceivably also played a part in determining the cultural choice of intoxicants. Opium may have been preferred over alcohol because the former allows a certain amount of control.

Factors such as poverty, long working hours, and adverse living circumstances favor the choice of opiates as these are easily available and afford the cheapest means of escape. There is also the factor of psychological vulnerability: given a situation where a cheap drug which provides a psychological crutch is available, addiction to this drug will occur; and given a situation where two drugs such as alcohol and opium are equally available, addiction to the more powerfully addicting drug will become the problem of greater magnitude.

CONCLUSIONS

The outstanding etiological factors in narcotic addiction in the Chinese are traditional use, easy availability, and social pathology. Relatively little need be done about the problem of tradition, as traditional systems are in any case being rapidly undermined by modernizing influences; the main effort needs to be directed at the other two factors. In the case of alcoholism, however, the forces of tradition are seen to have an opposite or favorable effect on prevalence; culture change is expected to cause higher rates, and the problem of prevention resolves into one of preventing the ill effects of social disintegration that accompany such changes.

Lowinger, Paul. How the Peoples Republic of China solved their drug abuse problem. In: National Academy of Science. Problems of Drug Dependence, 1972. Proceedings of the 34th Annual Scientific Meeting, Committee on Problems of Drug Dependence. Washington, D.C.: National Academy of Science, 1972. pp. 431-442.

PURPOSE

China had a severe narcotic problem in this century, but overcame it within a few years after the Revolution of 1949. A study of the literature was undertaken to examine the Chinese solution to the opium problem, and to seek out those elements which may have application to Americans in their personal and national struggle with addiction.

SUMMARY

The exporting of opium from British-controlled India to China was of great financial importance to Britain. When the Chinese tried to suppress the opium trade in 1839, the British warred against the Chinese in what was called the Opium War. The Chinese lost the war in 1842, and the opium trade flourished until 1949. By 1906, more than 15 million Chinese were addicted to opium, and by the 1920's opium was used by 25% of the adult population of China.

After the 1949 Revolution, a Circular Order for the Prohibition of Opium was signed by Premier Chou En-Lai in early 1950. By March 1953, the government's New China News Agency claimed that "...as a result of the immense effort of the Central People's Government in strictly prohibiting the cultivation, manufacture and sale of opium and the strict control of all narcotic drugs in the past three years,...the cultivation...production and sale of opium and other narcotic drugs have been completely eliminated." Many investigators from Europe and the U.S. have confirmed this statement.

The most important factor in eliminating opium addiction was a changing of the ideology of the young people such that there was no new supply of addicts. The total ideological transformation of the younger generation after the Communist revolution was accompanied by the reintegration of Chinese society through small street committees which offered political and cultural leadership. Such basic units were effective in carrying out national decisions because members of every third or fourth family in such groups were neighborhood activists. These local cadres were responsible for propaganda, agitation, and indoctrination in the antiopium campaign, and were also a souce of detection and social censure of those who continued to use opium. Addicts were offered medical care, and difficult cases were referred to rehabilitation centers. Meetings about addiction for everyone were part of the national action program,.in which all people spent an hour a day discussing political and health topics of national importance. The testimony of former addicts was important to all levels of this reformation, including newspaper stories, small community groups, and rehabilitation centers. The antiopium campaign was closely linked ideologically with land reform, the first and most important mass reform of the revolution. Distribution of the land from the landlords to the peasants was followed by a change from the cultivation of opium to badly needed food crops.

The rehabilitation of opium addicts began with their registration. Arrangements by citywide antiopium committees included treatment at home, in clinics, and at hospitals. The addicts lived a group life in the hospital. In the morning, they met to discuss current affairs and the evils of the drug habit. They were attended by doctors, and in the afternoon spent two hours in studies and discussions. In the evenings there were social gatherings. Because of this more pleasant environment, cures were affected, on the average, in 12 days. The method of gradual reduction of the habit was normally applied. Leniency was recommended for employees of the opium traffickers, but there were heavier penalties for those controlling the traffic, manufacture, and growth of opium, including execution and imprisonment. Mass meetings were held at which opium, heroin, and equipment were burned.

There is no American equivalent to the change in national purpose which the Chinese underwent with their revolution in 1949. The rehabilitation of addicts in the United States is still regarded ambivalently. Funds for the purpose are inadequate, and the treatment of addicts is sometimes accompanied by so much police harassment that the addicts are afraid to come for treatment. There is no public acceptance of the addict into the mainstream of community life after he has been treated. Most addicts go without assistance as attention is focused on two specialized groups of addicts: the few who are able to live in a therapeutic community for several years, and a larger number who accept methadone maintenance treatment. These are very limited systems when contrasted to the Chinese use of total medicine, community, and political rehabilitation for all addicts.

CONCLUSIONS

The Chinese solution to the problem of narcotic addiction underscores the ambivalent and feeble efforts of the United States. The political content of addiction is clear in both societies: narcotic addiction is a symptom of the unhealthful state of the individual in an unhealthful society. A return to a healthy society with healthy individuals was made in China, which used political and public health measures to solve the problem of addiction. The inability of the U.S. to do this in an urban society with mass communication, wealth, and technology is striking. Western health personnel need to study the Chinese methods, and the political changes in both countries should accelerate the interchange of personnel and scientific knowledge in the future. It is essential that the fundamental political nature of addiction begin to receive recognition.

Nagahama, Masamutsu. A review of drug abuse and counter measures in Japan since World War II. Bulletin on Narcotics, 20(3):19-24, 1968.

PURPOSE

Twice since the end of 1945 Japan has had to face a critical situation caused by the mental and physical ill effects of dependence-producing drugs on its people. However, the nation's efforts against drug addiction have been successful. The history of dependence-producing drugs in Japan was traced.

SUMMARY

Before 1945, there was very little drug addiction. However, between 1946 and 1954 there was an increase in the number of drug addicts, when quantities of drugs (amphetamines and narcotics) were released on the market by ex-army personnel. The amphetamines abused were mainly phenyl-amino-propane and phenyl-methyl-amino-propane. Measures to control the use of stimulant drugs came into force in 1948, and the Japanese government vetoed the manufacture of any stimulant drugs in 1949. The Amphetamines Control Law was partly revised in 1954 to increase the penalties for violations, and the Mental Health Law was amended to include treatment of addicts, as well as of the mentally deranged. As penalties for offenses were increased, the number of persons arrested went from 17,528 in 1951 to 271 in 1958. In 1955, the General Headquarters for the Promotion of Policy against Amphetamines was established, and surveys showed an improvement in the drug situation. When stimulants were most widely used, stimulant drug addicts numbered over one million. Between 1954 and 1957, the number of persons needing treatment declined from 4,000 patients to 200. A survey of approximately 11,000 stimulant drug addicts showed that 71.5% were male, and 66.6% were between the ages of 20 and 29.

After the war, arrests for drug abuse numbered 1,000 cases a year, with a marked increase in the incidence of narcotic drug taking, especially heroin. In 1960, narcotics crime increased to about 2,000 cases a year, and the government formed the Anti-Narcotic Drugs Headquarters, comprising representatives of appropriate ministries and control organizations. However, narcotics crimes and the number of addicts became worse. In 1955, 54.3% of 1,280 narcotics crime cases were heroin users; in 1962, 82.5% of 1,773 cases were heroin users. In 1962, the government amended the Narcotics Control Law to increase the punishment of offenders and to establish a system of compulsory hospitalization for narcotics addicts. In 1963, the number of narcotics control officers and the budget for narcotics control investigation were greatly increased, and the number of arrests was the highest on record. It was estimated that in 1961, at the peak of the drug addiction crime period, there were about 40,000 drug addicts and about 60,000 habitual users of drugs which were not dependence-producing. About 1,000 addicts per year were hospitalized before 1962, and a greater number of potential addicts were given addiction treatment. Of these patients, 80% used heroin. In consequence of the tighter control established in 1963, the number of addicts treated diminished to 100 per year, and the number of reported addicts decreased to 500 per year.

The joint research problem of abuse of narcotics and other drugs was undertaken in the medical and pharmacological fields in April of 1966. In that year, a detailed investigation and statistical study of a group of 1,934 narcotics addicts and ex-addicts showed that 75.5% were male, 93.7% were Japanese, 43.0% were between the ages of 30-39, and 53.6% were heroin users.

Cases of cannabis crime in Japan have generally been of foreign origin, and the cases of abuse of sleeping drugs and tranquilizers have been observed among juvenile delinquents. The sale of sleeping drugs has been prohibited, and a doctor's prescription has been made compulsory for tranquilizers. There have been no reports of LSD abuse.

CONCLUSIONS

The drug problem is now under control, due to the strong line taken to eradicate addiction, and with the help of strong public opinion. Good treatment arrangements in rehabilitation centers, and a great improvement in the standard of living of the Japanese people have also aided in the control of the drug problem.

Brill, Henry, and Hirose, Tetsuya. The rise and fall of a methamphetamine epidemic: Japan 1945-55. Seminars in Psychiatry, 1:179-194, 1969.

PURPOSE

From 1945 to 1955, Japan experienced a wave of methamphetamine abuse that, at its peak, was estimated to involve some two million persons. By means of a review of the literature, the decline and fall of this epidemic, as well as the characteristics of methamphetamine abusers, were examined.

SUMMARY

Onset and Course

Shortly after the end of World War II, the first cases of amphetamine abuse were seen in the major commercial and industrial centers of Japan: Tokyo, Osaka, Kobe, and Yokohama. From there the drug spread to smaller towns and to rural areas, and soon no area of Japan was free of methamphetamine addicts. The trouble was clearly triggered by the release of large stocks of methamphetamine into the Japanese market at a time when civil control was disrupted by the events following the close of the war. It was reported that the drugs were promoted for their mood-elevating properties in order to build sales. The drug itself had first appeared in Japan in 1940 and was used by combat forces during the war. In 1948, methamphetamine was listed as a dangerous drug and in the following years more stringent controls were placed on its use. The peak of the epidemic appears to have been reached in 1954, by which time it was estimated that it involved a total of two million persons. The decline of the outbreak was strikingly rapid and largely the result of regulation efforts. By 1957 there were relatively few cases, and since then the problem has been a minor one. However, as amphetamine abuse declined, there was a sharp rise in heroin addiction, followed by a series of other drug dependence problems, all new to Japan.

User Characteristics

The first cases of methamphetamine abuse were found predominantly among writers, musicians, and artists. In 1948, for example, it was reported that among 88 motion picture employees, 44 were abusers and 11 were addicts. Within a short time, however, a strong affinity among economically marginal and delinquent groups became clearly manifest.

Methamphetamine was primarily abused by young males. Those arrested were usually between 12 and 25 years old; they had a history of disturbed life patterns which could be traced back as far as the age of ten, and delinquent behavior often preceded drug abuse. The drug appeared to aggravate previous disabilities, and drug addicts were rejected even by other poor and delinquent persons. Drug abuse resulted in stealing at home and "disruption of family peace," and persons hospitalized for drug psychosis had fewer visitors than did schizophrenic cases of similar background. The psychiatric syndromes resulting from amphetamine observed in Japan differed from those described in other countries. Western literature tends to report a higher proportion of schizophrenic-like reactions. Tatetsu, in Japan, found a wider dispersion of syndromes, with 8% tending to be psychopathic, 23% manic-depressive, 19% mixed manic and schizophrenic, and 31% in apathetic exhausted states. Based on his observation of methamphetamine abusers, Tatetsu concluded that the addict was typically a disturbed, weak individual before his drug addiction and that this led him into abuse of drugs; he also believed that drugs themselves aggravated the basic problems and created new ones. This was supported by Utena, who described a residual disability with loss of initiative and emotional flattening. Utena also mentioned a tendency for earlier symptoms to recur under stress, in a fashion much like that of the LSD flashbacks.

The Environment

There was hardly an environmental situation more conducive to an explosive outbreak of drug dependence than that which developed in Japan at the close of World War II. The nation had never before had any significant experience with drug dependence problems, even though it was located close to the Asiatic mainland. Before World War II, the total number of addicts did not exceed 400, and they were largely immigrants from Korea. At the close of hostilities in 1945, Japan was plunged into a series of vast and cataclysmic social changes. The stresses of war had been tremendous, and among them had been a vast internal rearrangement of the population. After the war, large numbers of people returned to the cities; in addition to this vast population movement, there began a radical democratization of governmental processes and a loosening of the traditional authority structure of the country. Decentralization, demilitarization, land reform, and a move to break up large estates and large industrial organizations was in progress; labor disturbances were also abundant. With such social changes occurring, it was not surprising that the public sale of a single drug attracted such attention.

Appearance of Other Dependence Drugs

After the decline of the use of methamphetamine, heroin addiction became prevalent during the mid-1950's and continued well into the 1960's; however, it too diminished sharply near the end of the decade. After 1961 there was a considerable increase in the abuse of sedatives, one of the best known of these being Hyminal (methaqualone). There was also concern about the abuse of phenacetin and an analgesic known in Japan as allopyrabital; in 1968, there were reports of an outbreak of sniffing of lacquer thinner. Only the powerful hallucinogens like LSD did not appear to have gained entry into the Japanese scene.

CONCLUSIONS

The 1946-1954 epidemic of methamphetamine abuse in Japan anticipated the course of events in other countries by more than a full decade. It provided a clear demonstration of the nature and characteristics of such an epidemic, identified the vulnerable population, and described the psychiatric and behavioral disorders to be expected. Since the experience of the West is still far smaller than that in Japan with respect to methamphetamine, and far briefer, it would seem that there is much to be gained from an intensive study of that epidemic, its outcome, and any sequelae which may be identified. However, the literature on the Japanese experience has received little attention in Europe and America. By generalizing from the data, some conclusions can be made:

(1) When supplies of a suitable drug are free and drug control is absent, drug dependence can assume epidemic proportions within a relatively short time.

(2) The vulnerable population is concentrated chiefly among socially and economically disadvantaged young males living in great metropolitan slum areas, but it is by no means limited to such populations. Drug dependence has a certain predilection for certain types of unstable personalities, especially those prone to conduct disorder.

(3) It appears probable that even a very attractive drug of dependence can be controlled by appropriate social effort.

(4) The abuse of any one drug may be checked, even after it has become very extensive, but there is reason to believe that the appearance of one drug of dependence in a population opens the way for others.

(5) The factors which favored the outbreak of the Japanese epidemic are those that have been associated with drug epidemics elsewhere. They include the availability of a suitable drug, breakdown of social controls, severe population pressure, and social stress.

(6) Data are urgently needed on the relation of drug dependence to various techniques of social control; longitudinal studies would be able to show characteristic sequences and identify common factors among various epidemics, and may help to explain better what now appears to be a series of unrelated national experiences in the psychic contagions of drug dependence.

Kato, Masaaki. An epidemiological analysis of the fluctuation of drug dependence in Japan. International Journal of the Addictions, 4(4):591-621, 1969.

PURPOSE

Since World War II, and particularly since 1960, drug abuse has rapidly increased in Japan. An epidemiological analysis of the fluctuation of drug dependence in the country is presented.

SUMMARY

Methamphetamine Abuse

Methamphetamine came into the Japanese market in 1940 and was used only for psychiatric treatment. In wartime, the drug was given to soldiers to promote their fighting activities. After 1949, its use spread among delinquent youth and usage peaked in 1954, when approximately 5 million persons abused it. It was estimated that in 1954 there were approximately 200,000 persons mentally disordered as a result of methamphetamine. In a survey conducted between 1947 and 1956, 595 abusers and addicts admitted to mental hospitals, juvenile correctional institutions, and prisons were investigated, together with the vagabonds in Tokyo's Ueno Park. Eighty-four percent of the subjects were between 16 and 30 years of age. Fifty-five percent had no jobs. Although early abusers were often novelists and entertainers, later users were found mostly among the lowest classes. From 30% to 42% of the youths admitted to juvenile correctional institutions, 36% of the vagabonds, and 13% of the prisoners were abusers of methamphetamine. Seventy-one percent started the drug habit when they were 16-25 years of age. Not until 1955 was amphetamine abuse curtailed; this was largely the result of strict law enforcement, psychiatric treatment, the campaign in the community, and the general countermeasures taken against young gangsters.

Opium, Morphine, and Heroin

The cultivation of the opium poppy in Japan began in 1878. After World War II, the importation and cultivation of opium was prohibited by the Allied Forces, and in 1954 the Opium Law severely penalized the cultivation, production, importation, exportation, possession, and sale of opium. Until 1935, narcotic abuse was primarily found among Chinese and Koreans living in Japan. After 1935, abusers among Japanese began to increase in number, particularly among those who had been in Mainland China. The number of addicts increased after 1949, reached a peak in 1961, and declined after 1965, three years after the amendment of the Narcotic Control Law in 1963. This law imposed more severe penalties for the preparation, transfer, possession, delivery, and administration of heroin. Since the amendment, the number of addicts has decreased. An upward shift in the age groups involved has occurred; in 1962, 75.1% were in their twenties and thirties but, in 1966, 61% were 50 years old or over.

Hypnotics

Hypnotic drugs, particularly methaqualone, began to be abused after 1960 by juvenile delinquents seeking pleasure in groups. Users were most prevalent in the 15-year-old age group. (At this age, compulsory education is completed and those who have achieved good results are allowed to enter good high schools. This competition, together with the preadolescent crisis, may be connected with the high incidence of drug abuse.) In a survey of 853 mental hospitals in Japan from 1963 to 1966, almost 43% of the addict patients had abused methaqualone; of these, there were three male addicts to every female user.

Analgesics

After 1964, the number of analgesics users began to increase and the number of hypnotic users declined. Hypnotics abuse by Japan's youth declined 35% between 1963 and 1966. While no youths abused analgesics in 1963, 33.7% did so in 1966.

Marihuana

Since marihuana abuse had never given rise to any social problem in Japan before World War II, only Indian hemp was controlled by law. The growing of cannabis for its fiber was encouraged during the war but, on the recommendation of the Allied Forces in 1947, cannabis control regulations were introduced. Small numbers of violators have been arrested, mainly musicians in contact with foreign musicians.

CONCLUSIONS

In prewar times, there were low prevalences of both alcoholism and drug dependence in Japan. Immediately after the war, outbreaks of methamphetamine, heroin, methaqualone, and alcohol abuse have occurred. The outbreak of methamphetamine abuse in Japan immediately after the war was closely connected with the demoralized, anomic state at that time. In the beginning, the abusers consisted of a few Bohemian artists; later, users were mainly young delinquents. After the decline of methamphetamine abuse caused by the amendment of the law, heroin abusers increased in number rapidly; 50% of them were former abusers of methamphetamine. Hypnotic drugs were abused largely by teenagers, with a peak at 15 years, who came from middle-class and upper-middle-class homes. Unlike the U.S. and other countries, Japan has had no marihuana or other psychotomimetic drug abuse problem; the reason for this is unclear.

Based on the data obtained, three types of drug dependents were established: histrionic, acting-out, and defensive. The histrionic type selected several kinds of drugs to promote their activities; the acting-out type abused particularly methaqualone for pleasure; and the defensive type preferred the minor tranquilizers to lessen neurotic complaints.

Ishii, Akio, and Motohashi, Nobuo. Drug abuse in Japan. Addictive Diseases, 3(1):105-114, 1977.

PURPOSE

The history of drug abuse in Japan has involved three big waves since 1945: the abuse of stimulants immediately following World War II; the use of heroin between 1957 and 1963; and the revival of stimulant use starting in 1970. Using national statistics, this history of drug abuse is discussed, with special emphasis placed on the situation in the 1970's.

SUMMARY

Under the confused social conditions after World War II, stimulants were put on sale and advertised with the claim that they would help users to "shake off sleepiness and become energetic." The abuse of stimulants began in the large cities and spread quickly to farms and fishing villages. Because the use of stimulants became a serious problem, the government applied control measures several times since 1948 to prevent addicts from obtaining the drugs. After 1955, stimulant abuse suddenly decreased, and by 1958 the problem seemed to have been conquered. While the number of drug law violators committed for trial reached 55,664 in 1954, in 1958 the persons committed for trial decreased to 271.

With the decline in stimulant abuse came the advent of heroin abuse. The widespread abuse of heroin (it was estimated there were 40,000 addicts in 1961), with heavy involvement of gangster bands in illicit trafficking of the drug, made the concern especially serious. With the help of vigorous legislation and an antinarcotic campaign throughout the nation, the abuse of heroin decreased sharply after 1964.

Stimulants again became a problem starting in 1970. While there were 704 stimulant offenders reported in 1969, in 1973 there were 8,510 offenders reported. The laws were amended to increase the penalties against violators and to strengthen the control of stimulant materials. As a result, in 1974 there was a 30% decrease in reported offenses. However, in 1975 there appeared to be an increase in offenders, which meant that smuggling and illicit traffic of the drug were still active. In the first nine months of 1975, 43 narcotics abusers were reported, 32 of whom were heroin addicts. Thirty-one of the heroin addicts were detected in Okinawa, 17 were foreigners, and most were youthful. Next to stimulants, cannabis appeared to be the most popular drug, although its use generally was of an experimental or recreational nature. The total number of offenders involved in narcotic drugs, cannabis, opium, opium poppy, and LSD during this period was 1,026. This is an increase of 5% over the figures for the same period in 1974. The number of stimulant violators for the first nine months of 1975 equaled 6,161. This constituted a 55% increase in comparison with the same period in 1974.

There are no treatment programs separately administered for drug addicts in Japan. Existing treatment programs are sparsely manned by a few doctors interested in the psychopathology or the study of drug dependence. Facilities are located in local university hospitals and are few in number. The main treatment of drug addicts is conducted by psychotherapy. The use of narcotic drugs for the purpose of addict treatment is prohibited in Japan with the exception of methadone. However, methadone is not used; instead, the addict goes through "cold turkey" and then is placed into psychological and occupational therapy.

VI. Latin America and The Caribbean

VI. *Latin America and the Caribbean*

Brazil
Chile
Colombia
Jamaica
Mexico

Hutchinson, Harry William. Patterns of marihuana use in Brazil. In: Rubin, Vera, ed. Cannabis and Culture. The Hague: Mouton Publishers, 1975. pp. 173-183.

PURPOSE

A literature review was conducted in order to examine the type and sources of data concerning Cannabis sativa in Brazil. The types of users of cannabis, methods of use, and an examination of the reasons offered for the use of cannabis were explored.

SUMMARY

In a recent article, Schultes (1973) pointed out that Cannabis sativa has been used throughout history for five principal purposes: for hemp fibers; for its oil; for its seeds, as a food; for its narcotic properties; and as a therapeutic agent in folk medicine and modern pharmacopoeias. There is a general consensus that cannabis was imported to Brazil sometime in the early sixteenth century, probably by slaves brought from the west coast of Africa and from Angola. However, South American Indians had a wide range of hallucinogenic drugs, especially tobacco, which they used in ritual and medicinal instances. As for the Colonial and Imperial Periods, the major stream of thought indicates that cannabis was brought to Brazil from Africa starting approximately 1549 (Rosado, 1958). There are also indications of cannabis use in the Portuguese Royal Court in Rio de Janeiro. It appears that cannabis had two routes of entry into Brazil: African slaves brought by the Portuguese may have brought cannabis seeds to Brazil; or the Portuguese themselves may have brought it from India either directly to Portugal or else the Portuguese took it to Brazil and introduced it to the Court. Cannabis was used in Brazil during the colonial period, penetrating to the top ranking social strata. However, from that period until the second half of the twentieth century, there is little data available regarding its use. In contemporary times, the major use of cannabis has been among the lower class: those who are unemployed or who are employed in certain physically difficult occupations. Cannabis is used for pleasure (or escapism) and pharmaceutical purposes. Marihuana is smoked in the military barracks and in prisons to alleviate boredom and despair. One report concerns the Club de Diamistas (Pereira, 1958), where individuals, not specified as to class, gather weekly to enjoy marihuana.

The literature indicates two differently patterned cultural responses to the hallucinogenic effects of marihuana among certain classes of Brazilians. Medical doctors, psychiatrists, and others who have themselves experimented with marihuana and have recorded their observations while under its influence experienced hallucinatory states which previous experimentors had already outlined in the literature. On the other hand, those same investigators interested in marihuana, observing the effects of marihuana on specific populations (those interned in prisons or mental hospitals) tend to see or to interpret the hallucinogenic "trip" of the patients or wards as consisting of hilarity, or disassociation from a real (poverty) situation, a configuration which suggests it to be an adaptive mechanism employed when the total sociocultural conditions become too much to be borne by those individuals. The lines of interpretation are split: either these people are called depraved, or they are "using" marihuana as a mechanism for survival. This suggests that, depending upon the sociocultural status of the individual taking marihuana, the hallucinogenic visions which he or she will experience are definitely culturally patterned.

According to the literature, the cyclism of marihuana seems to be related to periods of cultural stress within historical periods. For example, certain sectors of populations tend to increase their use of marihuana or other hallucinogenic drugs when the going gets rough. However, there is no specific link statistically visible between drug use and stress. It is hypothesized that any governmental or intergovernmental agency, aware of the fact that the system is under stress, will declare that drug use is on the increase, is deleterious, and therefore will take steps against it.

de Pinho, Alvaro Rubim. Social and medical aspects of the use of cannabis in Brazil. In: Rubin, Vera, ed. Cannabis and Culture. The Hague: Mouton Publishers, 1975. pp. 293-302.

PURPOSE

A literature review was conducted in order to examine the social and medical aspects of the use of cannabis in Brazil.

SUMMARY

Cannabis seeds were brought to Brazil by African slaves, mainly from Angola by the first half of the 15th century. As a result, nearly all the traditional synonyms for marihuana in Brazil (maconha, diamba, liamba, moconha) had their origin in the Angolan language. Cannabis was used for curing, religious rites, divination, and mystic hallucinations. The owners of sugar plantations allowed the slaves to plant cannabis amid the sugar cane. This was common in the northeast during the colonial period. Proclamations from the 19th century on impeded the use of marihuana in urban areas, including the capital city of Rio de Janeiro, where imprisonment was the penalty for offenders.

In the period from 1915 to 1930, marihuana use spread among fishermen, longshoremen, and agricultural workers, and became the "opium of the poor." During the same period and subsequent years, clandestine trade was established, and the correlation between cannabis and social marginality was established in the port cities. In the 1950's, some eccentric writers and artists were secret habitual smokers of marihuana. A prison study of 321 convicts (de Pinho, 1962) indicated that all had tried marihuana, but only 36 were habitual smokers. The correlation of cannabis users and criminals who had committed crimes against property was two times higher than that of criminals who had committed crimes against persons. Further, the incidence of marihuana use was high among the thieves of the city.

A study (Pires da Veiga and de Pinho, 1962) of 50 marihuana users revealed that the effects of intoxication were conditioned by the authenticity of the cannabis, the age of the plant, the method of smoking, the rhythm of consuming cigarettes, and the personality and nutritional condition of the user. In 1969 and 1970, the habit was diffused, especially among professional drivers, men of the lower-middle class, with stable families, who consumed one to three cigarettes a night. They smoked alone, at home, without the tumult of intoxication, and the influence of the habit was not evident in their work or ethical conduct. In the larger population centers, there was also a diffusion of habitual use among middle- and upper-class adolescents. Later, its use appeared in clubs, bars, public festivals, and private residences. Currently, the majority of buyers are young and at the pre-university level. Nearly always, the attitude of older people is that of rejection of the use of marihuana and, at times, terror of its use. Further, upper-class adults transfer to marihuana the fears they formerly had about alcohol, while the young people, even nonusers of marihuana, have a permissive attitude with regard to cannabis.

According to police, the chronic user of marihuana is rare: the offenders in prison are nearly always multiple drug users. In a study of 728 patients at the psychiatric hospital in Bahia, it was found that among chronic users marihuana exacerbated the delirious behavior of schizophrenics. But benign schizophrenic syndromes in cannabis users were also observed. The analysis of such cases in a multidimensional perspective suggests the interrelationship of the constitutional and the toxic factors, but also of psychogenic factors, including the relationships with social situations. In 1971, an antitoxicant law was passed in Brazil which prohibits the private planting, cultivation, harvesting, and exploitation of all varieties of toxic plants. Until recently, this law did not appear to have caused any appreciable change in the system of marihuana trade, in its diffusion, or in its medical repercussions. Police activity seems more oriented toward dealers and users of lower social levels. Families of the middle- and upper-classes are anxious about conflicts between children and parents, and marihuana is often blamed for these conflicts. The younger generation is more permissive toward the drug, although more pessimistic with regard to the productivity of those who use it continually.

Although there are those who think that the juvenile vogue of smoking marihuana is now beginning to decline, there are those who judge that there is less talk of the subject in certain areas because acceptance by the communities is consolidating. It is too early to confirm or deny either of these two possibilities.

Gomberoff, M.; Florenzano, R.; and Thomas, J. A study of the conscious motivations and the effects of marihuana smoking on a group of adolescents in Chile. Bulletin on Narcotics, 24(3):27-33, 1972.

DRUG	Marihuana
SAMPLE SIZE	734
SAMPLE TYPE	High School Students
AGE	Adolescents
SEX	Both Sexes
GEOGRAPHICAL AREA	Chile
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaire
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	16

PURPOSE

Since the late 1960's, the news media in Chile have written about the abuse of drugs among high school and university students. Since 1968, the demands for psychiatric help have been on the increase by patients with an adverse reaction to marihuana. Before instituting a drug prevention program in a Chilean high school, a study was conducted in order to determine the characteristics and drug use history of the students at the school.

METHODOLOGY

The subjects were 734 students at a high school in Santiago, Chile. The students were between the ages of 13 and 18, and there was an equal proportion of boys and girls. The students filled out a questionnaire which was designed to obtain information on age, grade, parents' marital status and educational background, religion and church attendance, number of brothers and sisters, and drug use motivations and effects. For analysis purposes, students were divided into users and nonusers of marihuana. There were 51 users and 681 nonusers. The findings for the 51 users are described here.

RESULTS

A small percentage of the group began to smoke in 1965 (2%), increasing later on during 1967 (8%) and 1968 (13%), and reaching an abrupt peak in the first 6 months of 1969 (71%). However, this use was not frequent, with only 9 students (17.5%) reporting having smoked more than 10 cigarettes. Regarding drug effects, 40 different effects were reported. When divided into groups--physical effects, psychotomimetic effects, and psychotoxic effects--it was found that psychotomimetic effects predominated (50%). Adverse reactions were reported by 62% of the respondents. Negative reactions included anguish reaction (27.5%), depression (25%), depersonalization (22.5%), paranoia syndrome (15%), and physical symptoms (10%). About one-third of the respondents stated the negative reaction persisted after smoking. The two most frequently mentioned motivations for drug use were the search for psychotomimetic effect (31.5%) and curiosity (32.4%). Rebellion appeared in lower proportion (22.5%) along with uninhibitory effect (12%) as motivations for drug use.

CONCLUSIONS

If the sample is representative of the group of adolescents that began to smoke marihuana in Chile, it can be concluded that the habit began in 1967, and is continuing to increase. The percentage of adolescents that smoke marihuana in the sample is lower than in other countries, such as that found among college students of the U.S. and Canada (10%). This may be due to the higher age factor in those studies compared to this study sample, and because more time has elapsed since the initial use of marihuana in those countries. Curiosity is one of the most important motivations for smoking marihuana, and it is suggested that the news media are responsible for awakening the public's curiosity about marihuana use. The high proportion of adverse reactions in the present sample may be due to a lack of knowledge about the drug. It is expected that these aspects of marihuana use will become less notable with time.

Elejalde, B.R. Marihuana and genetic studies in Colombia: The program in the city and in the country. In: Rubin, Vera, ed. Cannabis and Culture. The Hague: Mouton Publishers, 1975. pp. 327-343.

PURPOSE

Colombia is a country of widespread marihuana use. According to archaelogical evidence (Preuss, 1931; Pérez de Barradas, 1941; Lunardi, 1935), almost all the native tribes which still remain intact in Colombia have used hallucinogenic substances since long before the Spanish conquest. Previously, marihuana consumers were few in number and were severely punished, but with the change of attitudes, especially among the youth, the number of consumers increased steadily. The increase created a network of producers who were growing it, and middlemen who were distributing it. The various findings made about the types of marihuana distributed in Colombia, the manner in which they are distributed, the groups of population affected, the law's attitude concerning its use, and the possible genetic effects produced by marihuana and its consequences were examined.

SUMMARY

History

During the period from 1950 to 1955, marihuana was used only by persons of a low social class without any known occupation. After 1955, marihuana spread rapidly, and small plots began to be converted into larger ones. Later, marihuana-growing was carried out on family-cultivated land. Colombian society was protected by high moral--principally religious--values which promoted strict social rules; however, the spread of education, including the new access by a larger number of persons to the university, created a change in the last years of the 1950's. Demand could not be met by the harvesting of wild plants alone, and cultivation was initiated in rural areas. These phenomena led to an increase of production designed to increase local consumption and to infiltrate areas of the population where profits could be higher. Between 1963 and 1965, large crops of marihuana were devoted to export. Use spread from the lower socioeconomic classes to the other classes, and from 1965 on, various amounts of marihuana began to be confiscated from cultivators and distributors.

The use of marihuana has increased principally among students and the lower and upper classes. Nearly 30% of the students in four main cities of Colombia have used marihuana at least once, with 51% beginning use between 15 and 17 years of age. The difference in this population as compared to others was that in Colombia, university students used almost solely marihuana among the drugs which could be used. There was a greater frequency of initiation into marihuana consumption during the ages corresponding to secondary school (22.7% of the persons apprehended by police started at 16 years of age). Of individuals arrested for marihuana offenses, 6.2% reappeared for the same crime, 26.8% reappeared for another crime, and 67% were not rearrested. Over 66% were arrested for possessing marihuana, 11.6% for trafficking, 21.4% for consumption, and 1.9% for sponsoring the use of marihuana.

In rural areas, the plant's use was long limited to only a few people; however, the number of persons using it has been increasing. With the increasing cost of alcohol and reduction of peasants' income, the possibility of using marihuana increased. The Atlantic Coast of Colombia is a society without high cultural or religious values, unaccustomed to steady work, where the use of marihuana has increased (72% of the people between 18 and 24 have used it). Its use exists at all social levels. Lack of self-control and strict social values has caused its use to be more extensive and freer than in other parts of the country. In the Cundiboya and Antioquia cultures, moral values and religion have restricted the use of marihuana. Factors influencing the increase of marihuana consumption have been mainly the publicity given to the pleasant sensations it produces, its actual use, and knowledge of the lack of harmful effects compared to other drugs. Another factor is the lack of control by authorities: large quantities are frequently found, but the person implicated never appears and even less often does he receive any punishment.

Genetic Studies

Five men and five women who had been consuming marihuana for periods varying between one and three years with an average frequency of 1.3 times per week were studied. All were healthy university students who had not consumed any hallucinogenic drug other than marihuana. No evidence of chromosome abnormalities was found in any of the 10 patients. Another study was made of a group of three students who had taken LSD as well as marihuana. An incidence was found of 30 gaps per one hundred complete metaphases (4,600 chromosomes) studied and 15 breaks of chromatids with displacement. Similar abnormalities were found in a couple who had only used LSD.

Six couples (average age 26.5) were studied, each conceiving its first child which terminated in abortion before the first three months. All had used marihuana at least five times in the previous two years, with an average of 7.8 times. Some of the wives smoked marihuana after knowing they were pregnant. The products of all abortions were studied: no congenital deformities were found in any of the fetuses, and there were no structural or numerical abnormalities of chromosomes.

Five couples (average age 27.2) who used marihuana prior to conception (frequency averaging 7.4 times in the twelve months before conception) had normal pregnancies. The children were normal, with no evidence of congenital deformities or hereditary illnesses, or structural abnormalities in their chromosomes.

Fifty-one couples (average age 28.4) used marihuana at least once during the five months prior to pregnancy (average of 4.7 times). These people had the largest incidence of spontaneous abortions in one city (a rate of 25.4% of the total number of spontaneous abortions in the city, and a rate of 16.7% for the group). None of the children who did not abort had any kind of congenital deformity.

Finally, fifteen couples were sent for genetic studies after tests for infertility, where no evidence was found of congenital deformities or detectable hereditary illnesses. Three of the women started using marihuana after the end of the studies and became pregnant in the months following the end of the study. Two gave birth to normal children and the third aborted when two-and-a-half months pregnant, with a fetus which was behind schedule in its development but without evidence of congenital deformities. Results of these genetic studies have shown no teratogenic effects and no chromosome abnormalities in users of marihuana, or in their offspring.

Marin, Gerardo. Social-psychological correlates of drug use among Colombian university students. International Journal of the Addictions, 11(2):199-207, 1976.

DRUG	Multi-Drug
SAMPLE SIZE	2,142
SAMPLE TYPE	College Students
AGE	Adults (mean 21)
SEX	63.6% Male; 36.4% Female
GEOGRAPHICAL AREA	Bogota, Colombia
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaire; Maudsley Personality Inventory
DATE(S) CONDUCTED	1973
NO. OF REFERENCES	16

PURPOSE

If theories concerning drug use are to be considered valid, social science researchers must consider the phenomenon they are trying to explain not only within their own parochial limits, but also within other sociocultural frameworks. A large-scale study of drug use was conducted in the capital city of Colombia, South America.

METHODOLOGY

The subjects were 2,142 college students who attended classes during the first week of September 1973 at the 10 largest universities in Bogota, Colombia. The mean age of the subjects was 21 years, and 63.6% were men. Two different instruments were combined. One questionnaire developed by Robbins et al. (1970) assessed sociocultural variables, drug use and nonuse, initiation effects, use on the part of parents, reasons for use and nonuse, and attitudes. Substances ranged from alcohol and tobacco to marihuana, cocaine, and heroin, and also included prescription drugs such as tranquilizers and analgesics. The second instrument was the Maudsley Personality Inventory measuring the personality variables of Neuroticism and Introversion-Extroversion.

RESULTS

The illegal drug most frequently used by the sample on the basis of use at least once was marihuana (26.9%). The frequency of use of tranquilizers at least once (43.3%) was almost twice that of marihuana. The frequency of use of substances other than alcohol and tobacco were:

amphetamines, 10.1%; barbiturates, 4.7%; LSD, 3.0%; hallucinogens, 4.8%; cocaine, 4.5%; and antidepressants, 8.6%. Very few subjects fell into the categories of high current use; daily use of marihuana was reported by 1% of the respondents, and daily use of tranquilizers was reported by 1% of the respondents.

According to the subjects, the most important reasons for the use of illegal drugs were: (1) "as an adventure"; (2) "to feel good"; and (3) "to satisfy one's curiosity." The most frequently mentioned reasons for nonuse were: (1) lack of interest or curiosity; (2) fear of physical or mental damage; and (3) fear of dependence on the drug. For marihuana, the greatest percentage of subjects indicated that it was friends who first suggested use. The other illegal substances were used primarily because of a personal decision. For substances such as analgesics, antidepressants, and tranquilizers, a majority of the subjects first used them on the advice of a doctor. Sixty-nine percent of the subjects' parents drank alcoholic beverages with some frequency, 58% smoked cigarettes, and 44% used tranquilizers. Further, the parents showed disapproval of the use of substances except alcohol and tobacco.

The only significant differences found in the Neuroticism or Introversion scores were in the Neuroticism means for the use of tranquilizers, analgesics, and antidepressants, where the users had a significantly higher ($p<.001$) score than those who had never used them.

Continuous users of marihuana were compared with ever users. The continuous user was defined as anyone who reported using marihuana once a week or more. This individual used the drug because it intensified perception, deepened self-knowledge, and reduced tension. To ever users, marihuana served as an adventure and satisfied their curiosity. Other than this, the two groups of subjects had the same modal personality, and did not differ in their clinical personality. Regarding the attitudes of the subjects, 80.8% of those who had ever used marihuana agreed that a person should be free to decide whether to use marihuana or not, while 57.7% of the total sample agreed with this position. Fifty-one percent of the marihuana users agreed that marihuana should be legal in the same way that alcohol is, while 28.7% of the total sample agreed. Forty-four percent of the marihuana users disagreed with the idea that marihuana is a stepping stone to other illegal drugs, while 22.8% of the total sample agreed with it.

CONCLUSIONS

Although the sample was representative of the college students of Bogota, these results cannot be generalized to other subjects not attending college. The subjects studied, although they included students from "lower" socioeconomic status who attended government-financed universities, are "de facto" different--if not in their social characteristics, at least in their intellectual ones--from the rest of the people in their age group who were not able to pass the universities' entrance exams.

190

Comitas, Lambros. The social nexus of *ganja* in Jamaica. In: Rubin, Vera, ed. *Cannabis and Culture*. The Hague: Mouton Publishers, 1975. pp. 119-132.

PURPOSE

Although not native to Jamaica, cannabis (*ganja*) is of major social and economic significance in the West Indian nation. Patterns of activities related to cannabis, social groupings of cannabis users, and beliefs and values underlying the cannabis institution were explored.

SUMMARY

Ganja use in Jamaica is widespread. Estimates of the number of users range from one-third to two-thirds of the "lower class." A survey of *ganja* smoking in one of seven study communities indicated that of all males over the age of 15, 50% were smokers, 7.3% were former smokers, and 22.3% were unclassifiable. It could be estimated that some 65%-75% of the lower section of the rural population--men, women, and children--inhale, ingest, or use *ganja* in some form and to some degree.

Cultivation

Jamaica has developed an illegal export trade with North America and the United Kingdom. Of 39 known cultivators, 56% grow only for personal or household use; 31% cultivate for sale as well. Only five growers (13%) cultivate primarily for commercial purposes. Members of this latter group do not smoke *ganja* and are of higher social standing in the community. In the main, the cultivation of *ganja* is a poor man's enterprise which fits in well with the agricultural patterns common to Jamaicans. For the great majority of growers, *ganja* is an agricultural sideline which may bring some much-needed income but does not seriously impinge on established patterns of economic and social life.

Distribution

The distribution of *ganja* is a small, illegal, individual business activity engaged in by a large number of occasional and part-time vendors. In general, the lifestyle of *ganja* vendors adheres closely to that of the majority of the population. Almost all can be classified as belonging to the upper levels of the working class or lowest social sections.

Consumption

There are four major methods of *ganja* use: (1) it is smoked; (2) it is drunk as a medicinal tea or tonic; (3) it is applied externally as plaster or ointment; and (4) it is cooked in food. Of all methods of *ganja* consumption, tea drinking, which is reputed to have therapeutic and prophylactic properties, is the most prevalent, and is used across socioeconomic lines.

Social Groupings

Ganja is cultivated individually without assistance, rather than as a group activity. Such a pattern runs counter to traditional small farming practices among Jamaicans who, in order to avoid or decrease outlays for necessary farm labor--as well as to solidify social ties within the community--have developed patterns of ongoing work partnerships and other forms of labor exchange for legal cultivation. Unlike cultivation, however, *ganja* distribution patterns of social clustering are clearly discernible. The nature of social groups directly involved with *ganja* consumption is heavily influenced by age factors. Infants and young children are introduced to *ganja* through the ingestion of *ganja* teas; adolescent smokers typically interact in relatively large and amorphous peer groups; in adulthood, groups diminish in size and stability of membership, as choice of smoking companions is deliberately limited to workmates and trusted neighbors; in old age there is a smaller percentage of regular *ganja* smokers over the age of 60, and a breakdown of smoking groups.

Beliefs and Values

Users believe in the efficacy of the substance, but a sharp distinction is made between the effects of tea drinking and those of smoking. Beliefs about the differential effects of *ganja* drinking and smoking are reinforced and perpetuated by differences in the attitudes of those who only take *ganja* as tea, primarily members of the higher social levels and aspirants to higher status, as compared to those who smoke as well as drink *ganja*, members of the lowest social level. Almost universally, users maintain that *ganja* enhances their ability to work, and they consume *ganja* with this objective. In subtle ways, the smoking of *ganja* is considered by the young almost as a *rite de passage*, signifying transition from adolescence to maturity; and on another level, particularly for males from the lowest socioeconomic rung, smoking symbolizes camaraderie, equality, and belonging. Adult males who do not smoke can almost be considered deviant, are rarely included in male gatherings, and are even sometimes thought of as simple-minded or deranged.

Ganja use is legally condemned and publicly denounced by the socially more important sections of Jamaican society. To rise in status in Jamaica requires, at a minimum, the shedding of "lower class" symbols such as *ganja* use. The upper elements of Jamaican society hold *ganja* responsible for increases in delinquency and criminal activity, although research indicates that, compared with nonsmokers of similar stations in Jamaican life, smokers are similar in every major dimension --they are no less hard-working and no less socially capable, and the majority of even the heaviest smokers are law-abiding citizens.

CONCLUSIONS

The belief that *ganja* acts as a work stimulant, and the observable behavior that this induces, casts doubt on the "amotivational syndrome" as it is described in drug research literature. It might well be central to a "motivational syndrome." The Jamaican *ganja* laws dating back to 1913 appear to be based on class and racial factors rather than on objective medical and social evidence. From the perspective of the laboring class, these laws reflect societal abuse, but from another perspective they merely underscore the social danger of institutionalized misunderstanding in a sharply stratified society.

Rubin, Vera, and Comitas, Lambros. Ganja legislation. In: *Ganja in Jamaica; The Effects of Marihuana Use*. Garden City, New York: Anchor Press/Doubleday, 1976. pp. 21-36.

PURPOSE

Almost universally, the introduction and subsequent development of laws against *ganja* use have rested not on objective knowledge of the plant, but on often tangential social factors and problems. *Ganja* legislation in Jamaica was examined in order to show how a rigid social system, historical accidents, class biases, external influences, political expediency, and limited knowledge about cannabis and its effects led to increasingly stringent and punitive measures against its use.

SUMMARY

The first official mention of *ganja* appeared at the turn of the century. In 1892-93, the report of the Protector of Immigrants mentioned that East Indian indentured laborers were believed to be using *ganja*. Also around this time, there was concern among the Jamaican planter class that *ganja* was having a demoralizing, criminogenic influence on East Indian laborers. The International Opium Convention was not only signed by Jamaica, but in 1913 Jamaica amended its consenting document, adding prohibitions against the importation and cultivation of *Cannabis sativa*. Under the cover of the International Opium Convention, the first ordinance against the cultivation and importation of *Cannabis sativa* in Jamaica was passed, but possession and use were not specified as criminal acts.

The passage of the amending *ganja* clause dealt with an issue that seemed more important than opium to the legislators: the legislation was largely motivated by the fears of planters that the masses would successfully revolt. In 1924, the Dangerous Drugs Law was enacted which increased the penalty to six months' maximum imprisonment on a first conviction for cultivation, possession, sale or smoking of *ganja* and/or a fine; and two years maximum imprisonment and/or a fine on second conviction. This law remained in force until 1941 when penalties were made more severe. Propaganda out of Washington, D.C., in 1937 provoked new public concern in Jamaica, intensified by the rise of Rastafarianism among the island's lower-class blacks. The Great Depression, along with the intention to maintain order, led to a 1941 revision of the Dangerous Drugs Law. The penalty for a first conviction (possession, sale, or cultivation) was increased to a mandatory maximum imprisonment of one year with a fine; and for a second conviction, imprisonment of up to two years without option and a liability of a fine. For the first time in Jamaican history, the principle of mandatory imprisonment was adopted. Soon after World War II, *ganja* became a major topic of police and public concern after a police report was issued for 1949-50 linking *ganja* with crime. After 1953, during an improved economic situation, *ganja* was not reported again as a major police problem until 1961, the year before Jamaica gained independence. In 1960, several British soldiers were killed during an insurrection of a *ganja*-using religious group, supported by a small number of North Americans. The press and the public associated the disorders with the use of *ganja*, and the Dangerous Drugs Law was again amended. The amendment made offenses of growing, selling, or otherwise dealing in *ganja*, subject to trial on indictment, with obligatory imprisonment up to a maximum of five years, and additional possibility of unlimited fine. Both the 1941 and 1961 amendments, which carried increasingly severe penalties, came at points when there was either economic or political unrest and when there was fear of supposedly militant lower-class elements. The 1961 amendment increased the mandatory imprisonment for the first conviction of possession, gave wider powers of search to the police, and empowered the police to seize vehicles suspected of carrying *ganja*. After its passage, no further amendments were made to the Dangerous Drugs Law from 1964 to 1972.

Throughout its entire history, *ganja* legislation has been deeply rooted in local, anti-lower-class sentiments; and allegedly damaging effects of *ganja* has never been seriously studied. Jamaican *ganja* control, however, has failed in its objective to eliminate or reduce the cultivation and use of *ganja*. The evidence suggests that *ganja* use and cultivation have increased and these law enforcement methods may have had damaging side effects on the administration of justice generally. In 1972, the Governor-General signed a new law increasing the maximum penalties for cultivating, selling and dealing, but eliminated mandatory sentences and gave the courts discretion over exact punishment. In 1973 and 1974, there were reports of large-scale, organized exportations of ganja, but Prime Minister Michael Manley reported that "the people behind the racket were not from the ghettos of Jamaica, but from the best residential areas."

To combat this development, drastic legislative measures have been enacted or proposed as amendments to the Dangerous Drugs Law. The proposals call for massive penalties for trafficking in ganja and hard drugs.

Rubin, Vera. The "ganja vision" in Jamaica. In: Rubin, Vera, ed. Cannabis and Culture. The Hague: Mouton Publishers, 1975. pp. 257-266.

PURPOSE

Cannabis, one of the oldest multipurpose plants known to man, has had a diverse ethnohistorical course over the millenia, in differing civilizations and societies. Traditional multipurpose use of ganja, introduced to Jamaica in the mid-nineteenth century by indentured laborers from India, was diffused to the black working class and has become endemic. A survey was done on the "ganja vision," a form of initiation rite to becoming a smoker, in Jamaica.

SUMMARY

The earliest use of cannabis was believed to have been for fibers, probably followed by magico-religious and medical use. Early multipurpose use of cannabis was diffused in Eastern Europe through trade routes from Asia. Cannabis was also traditionally used in folk medicine for its analgesic and antibiotic effects. The vapor of the hemp seeds used in the Scythian funeral rites was alleged to have induced trance. Cannabis reached Western Europe, possibly following the Moorish invasion of Spain in the 8th century A.D. In the mid-nineteenth century, the "hallucinogenic" effects of cannabis were discovered by French avante-garde writers who formed the Club des Hachichins. Cannabis was used in general practice in the U.S. until the passage of the Marihuana Tax Act of 1937. That period marks the rise of the campaign against the "evils" of marihuana in the United States. The stigma attached to the use of marihuana by marginal groups in the U.S. is characteristic of other societies as well; and cannabis has come to provide a convenient rationale for explaining away social problems rooted in poverty and underdevelopment. For the majority of consumers in nonindustrial societies, particularly in the laboring classes, cannabis remains a multipurpose plant, used in the diet as an herbal in the tradition of folk medicine.

Introduced to Jamaica in the mid-nineteenth century by indentured laborers from India, ganja was diffused to the black working class and has become endemic. Socialization to ganja smoking is commonly through a peer group, and whether or not the initiate becomes a regular smoker is determined by his reactions to the first experience. A positive initial experience validates regular smoking; a negative one, nonsmoking. Ganja smoking is considered undesirable by the middle class and by those members of the working classes who aspire to higher status. To underscore the validity of their culturally deviant status, most nonsmokers in a clinical sample of 60 working-class males (30 smokers and 30 nonsmokers) failed to see the "little old lady," a vision experience only reported by regular smokers. Experiencing the vision definitively validates smokers' status. The occurrence of this vision phenomenon, generally on the first ganja-smoking experience, and its content, are culturally standardized as the "little dancing" person or creature. The ganja vision confirms the role of the smoker and his transition into the ganja subculture. Cultural variables undoubtedly condition hallucinogenic reactions to cannabis. Contrasts in reactions to cannabis are becoming apparent within Jamaica itself, as a subcultural phenomenon. Use has spread to the middle class; but it is not as pervasive as in the working class and carries a different set of psychocultural expectations.

CONCLUSIONS

It is clear from the Jamaican data that hallucinations are not an invariable consequence of marihuana use. In the Jamaican working-class setting, hallucinogenic reactions are neither regularly sought nor generally experienced, except in the initial vision. The thesis is reinforced that psychoactive reactions to cannabis are conditioned by the cultural formulation of both experience and behavior.

Beaubrun, Michael H. Cannabis or alcohol: The Jamaican experience. In: Rubin, Vera ed. Cannabis and Culture. The Hague: Mouton Publishers, 1975. pp. 485-494.

PURPOSE

A proper study of any given culture usually reveals the reasons why a particular drug has become the drug of choice of a culture or any subgroup within it. In the search for ways of coping with anxiety and depression and ways of making life more meaningful, mankind through the ages has turned to psychoactive substances. An examination of cannabis use in Jamaica was made to determine: (1) whether the relationship between cannabis use and low socioeconomic status was a causal one; (2) what the relationship was between cannabis and alcohol; and (3) whether it was possible that, in some situations, cannabis could be a desirable alternative to alcohol.

SUMMARY

Cannabis has been smoked in Jamaica for nearly 130 years. The working class Jamaican uses ganja as a sovereign remedy for all ills, to give him energy for work, and to relax after work; he also believes that giving it to school children makes them brighter and sharpens their understanding. In addition, he attributes to it some mystical powers. The growing child in working-class Jamaica is gradually socialized into the use of ganja and has respectable smoking-role models. He may begin smoking at the age of seven or eight, but is usually initiated in his early teens by one of his peers or in a group-smoking experience. His response to this initial smoking experience validates his role as a smoker or nonsmoker in the ganja subculture.

Psychiatric findings show no differences between ganja smokers and nonsmokers in the incidence of mental illness or abnormalities of mood or behavior; nor with regard to criminal records or the use of other drugs, or in upward or downward social mobility. However, smokers were found to have more mental illness in the family than nonsmokers. Anthropological findings indicated that chronic use of cannabis, even heavy use, did not result in a loss of motivation or striving toward conventional goals; however, in some cases, decreased efficiency and productivity were demonstrated immediately after smoking. The frequency and quantity of use of cannabis also was clearly correlated with socioeconomic status in the villages studied. Heavy smoking was always highly correlated with poverty.

The rates of alcoholism vary from island to island in the Caribbean. By far, the lowest hospital admission rates for alcoholism for the entire region are found in Jamaica (less than 1% in most years). Further, Jamaica is also the only island where cannabis use is widespread and endemic among the working class. In a study of Jamaican drinking practices in four different socioeconomic areas, the lowest rates of heavy drinking were found among the Jamaican working class, the group in which ganja smoking was most prevalent. In those cannabis-smoking families where an alcoholic was found, he was usually the only one who didn't smoke. The results of the Eysenck Personality Inventory given in a field survey of drinking practices showed a very positive correlation between high extroversion and heavy drinking: the worldly aggressive extroverts were the ones who chose alcohol. The more introverted may prefer cannabis. Pharmacologically, alcohol is a sedative and is perhaps needed by those who develop high anxiety levels while striving and competing. Cannabis is a stimulant and a euphoriant, also something of a sedative and something of an hallucinogen, and this may be needed more by the less aggressive.

The causal relationship between cannabis and poverty is still unclear. However, clues suggest rather that it is the personality attributes prevalent in the culture of poverty which lead to cannabis preferences, rather than the self-defeating nature of cannabis itself. Regarding whether cannabis acts as a substitute for alcohol, there are situations in Jamaica in which cannabis use may be functional and probably protective against the dangers of alcohol; and alcohol does cause more physical damage. However, cannabis is ill-suited to success in the materialist Western world, and it unlikely that it would succeed as a drug of choice.

CONCLUSIONS

It can be concluded that in Jamaica, the reason that cannabis works among the poor is because the cultural rules are so well defined. The economic factor is also one reason: ganja is cheaper than alcohol in Jamaica and freely available to the poor. Perhaps the pricing of the drug of election or putting it out of reach is one of the ways of dealing with the situation; not forbidding it, which makes it all the more desirable.

Prince, Raymond; Greenfield, Rochelle; Marriott, John. Cannabis or alcohol? Observations on their use in Jamaica. *Bulletin on Narcotics*, 24(1):1-9, 1972.

DRUG	Cannabis
SAMPLE SIZE	106
SAMPLE TYPE	Treatment (inpatient)
AGE	Adults (mean 29)
SEX	Male
GEOGRAPHICAL AREA	Jamaica
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	10

PURPOSE

It was hypothesized that the use of *ganja* as a euphoriant by low-income Jamaicans was a benevolent alternative to alcohol and might protect them against the consequences of alcohol consumption--alcohol addiction, delirium tremens, chronic brain syndromes, and other physical sequelae. In order to test the hypothesis, a group of mental hospital patients at Bellevue Hospital in Kingston, Jamaica, was surveyed.

METHODOLOGY

Subjects consisted of 106 consecutive male admissions to the hospital. Subjects were questioned in order to obtain information on demographic background, frequency of *ganja* use, method of use, effects, alcohol or *ganja* preference, and family characteristics. *Ganja* use was divided into 5 categories: heavy current use; heavy past use; light current use; light past use; and nonuse. Twelve of the subjects also acted as informants, describing all those who used *ganja* in their own home and in neighboring houses.

RESULTS

Twenty-four percent of the subjects were heavy current users, 40% had never used *ganja*, and the balance had used it in the past or were only light current users. The heavy current users were significantly younger (mean age of 23 versus a mean age of nearly 30 for all other drug categories), and also commenced using *ganja* at a younger age than the rest. The 12 informants reported on 131 individuals. Thirty-nine (30%) were said to be heavy users; 6 (4%) were reported light users and 86 (66%) were nonusers. There were both more nonusers and more heavy users reported in the community than were present in the hospital population. As with the hospital population, it was the young male who was the heavy user; over the age of 40 use declined sharply. *Ganja* use was widespread among Jamaican males in the low-income bracket, especially within the age group 15-35 years. In order to determine whether the hospitalized sample preferred the effects of *ganja* to the effects of alcohol, they were asked, "If alcohol and *ganja* were equally available to you, which would you prefer?" Heavy current *ganja* users said they would prefer *ganja*, but almost all the light users and heavy past users said they would prefer alcohol. Ten of the heavy cannabis users were Rastafarians, who use *ganja* for religious reasons. Removing this special group, only 25% of the remaining *ganja* users expressed a clear preference for *ganja*. It appears that while low-income *ganja* users would prefer to use alcohol, they used *ganja* probably because it was three to four times cheaper than alcohol.

Forty-one percent of the total sample expressed some criticism of *ganja* use. Criticism was greatest among the nonusers and the light past users, but there was also some among heavy users. One of the commonest criticisms was that *ganja* caused violence or antisocial behavior. Another criticism was that it produced mental disturbances. Few patients, however, saw themselves as suffering such effects from *ganja*. There also appeared to be a relationship between adverse psychological effects of *ganja* use and food. The implication was that when there was a scarcity of food, there was more of a danger of having mental disturbances. Religious affiliation correlated strongly with *ganja* use. Traditional religion seemed to protect against *ganja* use. All Rastafarians used *ganja* in a socially integrative way, but those who denied any religious affiliation or belonged to traditional religions and used *ganja* were more likely to use it while alone.

CONCLUSIONS

The data indicate that *ganja* is used as an alternative to alcohol by low-income Jamaicans. Whether it is a "benevolent" alternative is less clear: there was no evidence that *ganja* was an important cause of mental hospitalization. Further research is needed on the longitudinal history of the use of alcohol and *ganja* by individuals, specifically whether it is common to use *ganja* as a young man because it is cheap and then switch to alcohol as income increases.

Schaeffer, Joseph. The significance of marihuana in a small agricultural community in Jamaica. In: Rubin, Vera, ed. Cannabis and Culture. The Hague: Mouton Publishers, 1975. pp. 355-388.

DRUG	Cannabis
SAMPLE SIZE	Not Specified
SAMPLE TYPE	General Population; Rural
AGE	Cross-Age
SEX	Not Specified
GEOGRAPHICAL AREA	Jamaica
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Observation; Laboratory/Examination
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	

PURPOSE

A comprehensive field study, including videotape coverage and extensive laboratory research was carried out in a small agricultural community in Jamaica. Investigators explored whether cannabis altered the user's cognitive and psychological frame of reference in a specific socio-economic and cultural context.

SUMMARY

When smoked or ingested in sufficient quantity, psychoactive preparations of Cannabis sativa produce significant effects on the stream of consciousness. These effects have been described in numerous reports and studies. Viewed collectively, these studies indicate that few cannabis-induced effects on either the stream of consciousness or the behavior stream are founded in effects on observable biochemical or physiological processes or in effects on external sensory mechanisms. The subjective effects related to the use of cannabis by 25 informants in this study indicate that most smokers associate the use of ganja with clear thinking, meditation and concentration, euphoria, feelings of well-being, positive feelings toward others, and self-assertion. Only a few expressed negative reactions. Such reactions are often reported to be related to dose, frequency of use, quality, or the "lightness of the brains." Major effects emphasized by most smokers were related to patterns of work: increase in strength, energy, and/or rate of movement immediately after use, followed by relaxed feelings of steady power, and eventually fatigue. Many associated ganja with enjoyment of food; few smokers consciously experienced any decrement in short- or long-term memory; and no smoker felt ganja led to violent behavior. Other effects mentioned were alterations in time sense, increased fear of sanctions against smoking, heightened perceptive capacity, more confidence, relaxation, and daydreaming.

Findings on cannabis smoking during agricultural work indicate that: (1) heavy cannabis smokers enact subtle alterations in daily consciousness; (2) subjective (smoker) impressions of cannabis-induced alterations in specific tasks contrast with descriptions based on analysis of research records of those activities; and (3) alterations associated with cannabis smoking seem to be appropriate to the users as members of the socioeconomic cultural system. Total space covered or amount accomplished, in number of plants reaped, is usually reduced per unit of time after smoking. The number of movements per minute is often greater after smoking as is the total number of movements required to complete a given task. Further, the user is more intense and concentrated after smoking. Results from laboratory exercise indicate that the primary effects of smoking cannabis are related to alterations in patterns of movement and associated energy requirements during work. Depending upon the task, greater numbers of movements and/or greater variations in numbers of movements per unit of time occur after smoking.

CONCLUSIONS

The implications of these findings are difficult to determine without conclusive evidence based on analyses of a larger number of individuals and without extensive information on the social-economic-cultural context of use. The hypothesis is that cannabis use is subtly related to population, land, and economic pressures in the community studied. Two results may be related to cannabis-smoking patterns: (1) inhabitants have a vested interest in decreasing total cultivated acreage and consolidating production; and (2) social cohesiveness among farmers is now more appropriate than rugged competition. If relationships between cannabis use and alterations in patterns of movement and, consequently, energy expenditure during work, are substantiated, there may be a connection between heavy use and decreases in total cultivation in the community. Preliminary analyses also indicate a connection between cannabis use, cohesion in social and exchange relationships, and cooperative effort during work and leisure-time activity.

Wellisch, David, and Hays, J. Ray. A cross-cultural study of the prevalence and correlates of student drug use in the United States and Mexico. Bulletin on Narcotics, 26(1):31-42, 1974.

DRUG	Multi-Drug
SAMPLE SIZE	229
SAMPLE TYPE	Students
AGE	Adolescents (15-18)
SEX	172 Male; 57 Female
GEOGRAPHICAL AREA	Monterrey, Mexico
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaire
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	12

PURPOSE

Drug abuse and drug dependence are increasingly considered to be international rather than national problems. In a study of students in Mexico and the United States, a diffusion of values between the two groups was found; in fact, in this respect the students differed more from either "core culture pattern" than the core patterns differed from each other. It is therefore reasonable to assume that a diffusion of values in reference to attitudes about drugs, and differences in the use of illicit and nonillicit drugs, should begin to emerge between the youth of Mexico and the United States. In order to investigate this theory, students in Monterrey, Mexico, were studied to obtain baseline data on drug use, as well as on the socioeconomic and attitudinal covariates of drug use. These data were then compared to information previously obtained from students in Houston, Texas.

METHODOLOGY

The subjects consisted of 229 students, 172 male and 57 female, who ranged in age from 15 to 18. All were enrolled in a parochial school in a middle-class neighborhood in Monterrey, Mexico. The students were administered the 88-item questionnaire designed by Hays (1971) for use in the Houston Independent School District survey of drug use. The questionnaire assessed the extent of drug use and the attitudes of students toward drugs. These data were compared to data obtained from 2,277 students in Houston approximately equally divided between males and females. The ethnic composition of this sample was: white, 51%; black, 32%; Mexican-American, 11%; and others, 6%.

RESULTS

The most frequently used substance was tobacco, with 73.8% of the Monterrey students reporting ever having used it. This was a significantly higher use than that reported in the Houston sample, of whom 59% smoked tobacco. Alcohol was the second most widely used substance in the Monterrey sample, with 58.9% reporting use. Alcohol was the most used substance in Houston, with 85% of males and 72% of females having used it. The third most widely used substance in both Monterrey and Houston was marihuana. In Monterrey, 12.9% of the students reported use, versus 46% of the students in Houston. The fourth most used substance by Monterrey youth was cough syrup, with 7.3% of students reporting use. In Houston, cough syrup was the fifth most used substance, with 9.9% of students reporting use. Regarding other drugs, Monterrey students differed from Houston students in use of stimulants (4.8% vs. 27.8%), solvents (4.7% vs 12.1%), hallucinogens (3.5% vs. 19.1%), barbiturates (1.7% vs. 24.5%), and opiates or cocaine (0.9% vs. 13.8%). In both cultures, male use of the nine substances appeared significantly greater than female use; this was especially true in the Monterrey sample. Use of stimulants, barbiturates, and hallucinogens was never reported by Monterrey females. Use of these three substances in the Houston sample was far more evenly distributed between males and females.

Age level was related to drug use for the Monterrey sample, as it was in the Houston sample. For Mexican males, maximum drug use was at age 18, but in Houston this was true of males for only 5 out of 9 of the substances. Males in both the U.S. and Mexico were far more likely to have used drugs, and to plan to continue using them, than were females. Socioeconomic variables were highly significant in the Houston sample, but the same trends were not evident in the Monterrey sample. In the Houston sample, there was a significant relationship between the educational level of the mother ($p<.02$) and father's occupation ($p<.01$) and reported drug use.

Overall grade average and future expectation of overall grade average were inversely related to drug use in both the samples. The higher the grade average, the less likely the student was to be drug-involved. Of those who planned to get a job after high school, 24% of the Houston and 9% of the Monterrey sample reported use; of those who planned to attend college, 16% of the Houston group and 13% of the Monterrey group reported drug use. Of those without post-school plans, 31% of the Houston sample and 25% of the Monterrey sample used drugs. The cross-cultural similarity of responses on this critical question confirmed the hypothesis that drug abuse is symptomatic of lack of direction in life.

The use of alcohol and tobacco by parents is significantly related to the use of drugs cross-culturally. In the Houston and Monterrey samples, use was highest (23% and 22%, respectively) where fathers used both drugs. In the Houston sample only, the mothers' use of tobacco and alcohol was even more highly related to whether or not the children used, or planned to use, drugs (26%). Parent awareness of use of drugs was widely different in the Monterrey and Houston samples. Fifty percent of the Houston sample, but only 19% of the Monterrey sample, indicated that their parents were not aware of their childrens' use of alcohol and tobacco. Similar results were found for other drug use, with 75% of the Houston sample and only 31% of the Monterrey sample indicating their parents were aware of their offsprings' drug use.

The original source of drugs for those who claimed drug use in both cultures was almost always a friend of the same age. Regarding whom they would turn to for help with a drug problem, the Houston students ranked a friend as their first choice for help (41%); second was a parent (26%), and third was a professional person (21%). The Monterrey students ranked their first choice for help as parents (52%), second a friend (18%), and third a professional (17%).

When asked why students used drugs, Houston students always gave an answer that was oriented toward psychological or physical sensations such as "for fun, kicks, or thrills" or "because it creates a good feeling." In contrast, Monterrey users listed "to relieve or escape tension or worry" and "they want to feel at home with the group" as the primary influencing factors.

CONCLUSIONS

Many of the covariates of drug use found in Houston were evident in the data generated in Monterrey. The prevalence of drug use was lower in Monterrey, however. Future comparative studies need to be conducted to find how patterns of behavior follow and develop from culture to culture.

Teran, Carmen Mier y; Schnass, Lourdes; Vargas, Guaria; and Belsasso, Guido. Drug abuse among the inmates of a women's prison in Mexico City. Addictive Diseases, 1(2):153-175, 1974.

DRUG	Multi-Drug
SAMPLE SIZE	72
SAMPLE TYPE	Incarcerated; Volunteer
AGE	Adults (mean 25)
SEX	Female
GEOGRAPHICAL AREA	Mexico City, Mexico
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaires
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	21

PURPOSE

In the 1970's, Mexico has witnessed a considerable increase in drug abuse. No longer a phenomenon limited to certain groups, it has extended to different geographical areas and socioeconomic levels of society and constitutes an important social preoccupation. An attempt was made to assess the degree to which the sociocultural and family characteristics of women inmates who are drug-dependent reflect an inadequate socialization process. It is suggested that such inadequate socialization results in the development of a conflicting personality, which is therefore susceptible to addiction.

METHODOLOGY

The study population consisted of 24 imprisoned female addicts and two control groups. Control Group 1 was made to consist of prison inmates, in order to try to detect the personality characteristics that might be due to the variables of delinquency and prison rather than to the addiction variable itself. Control Group 2 consisted of women who were not in prison but who had socioeconomic characteristics similar to those of the two other groups. This was done to establish what personality traits might be attributed to the socioeconomic context from which the study population came. Subjects in all three groups were similar in age, with a mean of 25 years. All subjects were administered questionnaires which assessed the women's origin, social mobility, personal and family income, and stability of family structure.

RESULTS

Among the women addicts, the drug of greatest consumption was marihuana (50% took it daily), and it was also the first drug used by 83% of the addict sample. Most took drugs for the first time between the ages of 16 and 20, the main motive for first use being curiosity (71%). Fifty percent of the women combined various drugs, the most common combination being "marihuana/alcohol," followed by "marihuana/alcohol/pills" and "pills/alcohol." The majority of addicts (86%) had tried to abandon drugs on at least one occasion, the primary reason being that it was damaging to their health.

Regarding the socioeconomic and family situation of the addicts and the two control groups, it was found that 21% of the addicts were single, compared to 8% of the two control groups. Thirteen percent of the addicts, 21% of Control Group 1 and 88% of Control Group 2 were married. None of Control Group 2, but 33% of the addicts and 33% of the delinquent women, were separated or divorced.

Regarding employment, only 21% of Control Group 2 worked, which may indicate a social life centered around their family and community, with fewer opportunities available to relate to the outside world. In turn, 84% of the delinquents and 85% of the addicts had worked before going to jail. With respect to the job situation in the group of addicts, the data suggested a pattern of ascending mobility. When compared to their mothers, the most significant difference observed among the subjects was a decrease in the percentage of persons who were housewives.

Family stability was considered important because it was believed to be related to the adequacy of the individual's socialization. Indicators of family instability were the incidence of separation, divorce, and death of the parents. All three groups showed a high incidence of family instability, but this was particularly true for addicts (62% vs. 42% for Control Group 1 and 46% for Control Group 2).

CONCLUSIONS

Drug abuse, delinquency, and other deviant behavior emerge from varied socioeconomic contexts which make adequate socialization difficult. However, if certain factors do exist--such as those which encourage stability and permanence in heterosexual relationships--the appearance of the symptoms of inadequate socialization and conflictive personalities will be retarded.

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Indexes

When terms reflect the content of the abstract as a whole, they are indexed only to the first page of each abstract. Otherwise, terms are indexed to the specific page.

DRUGS

The general and specific names of drugs mentioned in each abstract, as used by the author of the document.

GEOGRAPHIC LOCATORS

Organized by state, includes the cities, counties, or regions where the study was carried out, or any references to geographic locations within an abstract.

INSTRUMENTS

The specific instruments or scales used in the research reported by the study.

INVESTIGATORS

All authors named in the citation to each abstract. Also included are the names of persons mentioned in the abstracts.

SAMPLE TYPES

Terms which describe as specifically as possible the sample populations studied.

SUBJECTS

Terms which describe the subjects or concepts of the studies.

DRUGS

alcohol 35, 45, 109, 113, 118, 124, 126, 131, 150, 177, 179
amphetamines 9, 31, 35, 41, 43, 98, 107, 154
analgesics 64, 66
barbiturates 3, 9, 124
bhang 132
caffeine 107
cannabis 79, 87, 96, 109, 110, 113, 121, 127, 132-139, 163, 164, 172-181
charas 132
cocaine 7, 9, 21, 35
dexamphetamine 107
ganja 172-181
hashish 73, 83, 89, 94, 114-119, 124-126, 131
heroin 3-23, 31, 35, 39, 127, 144, 146, 154, 155, 159
hypnotics 64
injaga 109
kanhcha 139
kif 113
LSD 7, 35, 168
Mandrax 61, 105
marihuana 31, 35, 112, 124, 166, 168
methadone 3, 7, 21, 23, 31
methaqualone 61, 105
methamphetamine 3, 7, 41, 155
morphine 7
multi-drug 25-29, 45, 47, 51-59, 68, 70, 71, 75, 85, 89, 91, 92, 99, 103, 118, 122, 125, 140, 155, 157, 170, 183, 185
opiates 33, 37, 87, 124, 142, 148
opium 7, 116, 125, 127, 131, 139, 144, 150, 152
phenmetrazine 98
quaalude 61
shireh 127
stimulants 64, 94, 96, 159
zamal 134

GEOGRAPHIC LOCATORS

Afghanistan 131
Brazil 163, 164
Cambodia 139
Canada 15
Chile 166
China, People's Republic of 150, 152
Colombia 168
  Bogota 170
Denmark 79-87
Egypt 114
England 9, 13, 21, 37-41
  London 7, 17, 19, 23-35
Finland 89
France 51, 53
German Democratic Republic 59
Germany 61
Ghana 103
Great Britain 3, 5, 11, 15, 61
Greece 73
Hong Kong 144-150
Iran 127
Israel 116-126
Italy 68-71
Jamaica 172-181
Japan 61, 154-159
Korea 142
Laos 139
Mexico
  Mexico City 185
  Monterrey 183
Morocco 113
Nepal 136, 138
Netherlands 55, 57
New York, New York 33
Nigeria 105, 107
Northern Ireland, Belfast 43
Norway 91
Pakistan 132
Reúnion 134
Rwanda 109
Scotland
  Edinburgh 45
  Glasgow 47
Sweden 92-98
Switzerland 64, 66
Taiwan 150
Texas, Houston 183
Thailand 139, 140
United States 61
Vietnam 139
Yugoslavia 75
Zaire 110
Zambia 112

INSTRUMENTS

California Personality Inventory 57
Eysenck Personality Inventory 57, 89, 177
Freiburg Personality Inventory 66
Maudsley Personality Inventory 170
Sensation Seeking Scale 57
Srole Anomia Scale 57
Taylor Manifest Anxiety Scale 114

INVESTIGATORS

Abbas, A. 132
Anslinger, H. 119
Anumonye, A. 105
Ballas, C. 73
Balzani, A. 68
Barnes, G. 27
Bean, P. 29
Beaubrun, M. 177
Belsasso, G. 185
Bennie, E. 47
Benoist, J. 134
Bewley, T. 21
Blumberg, H. 23
Boolsen, M. 85
Brill, H. 155
Buikhuisen, W. 57
Cassiers, L. 68
Chai, T. 122
Chan, L. 146
Chein, I. 25
Codere, H. 109
Cohen, H. 55
Comitas, L. 172, 174
Corin, E. 110
Dalgaard, J. 87
da Veiga, P. 164
Davidson, F. 51
de Alarcón, R. 39, 41
de Barradas, P. 168
de Pinho, A. 164
Ding, L. 146, 148
d'Orbán, P. 35, 37
Drapkin, I. 116
Dubach, U. 66
Ehrensberger, T. 66
Elejalde, B. 168
Etienne, M. 51
Falco, M. 61
Fallini, G. 68
Fisher, J. 138
Florenzano, R. 166
Friedman, I. 119
Geva, N. 122
Glatt, M. 11
Greenfield, R. 179
Gobar, A. 131
Goldberg, L. 92
Gomberoff, M. 166
Gordon, A. 31
Haastrup, S. 81
Hawks, D. 3, 9
Hays, J. 183
Hemmel, J. 57
Hemminki, E. 89
Herulf, B. 94
Hes, J. 124
Hess, A. 144
Hirose, T. 155
Hitchins, L. 9
Hobi, V. 66
Holzner, A. 148
Hutchinson, H. 163

INVESTIGATORS (cont.)

Ishii, A. 159
Jähnig, H. 59
James, I. 5, 7, 21
Jensen, K. 132
Jones, A. 112
Joseph, R. 113
Kato, M. 61, 157
Khan, M. 132
Kielholz, P. 64
Kihlbom, M. 96
Kilibarda, M. 75
Kliger, D. 122
Knipschildt, H. 85
Kroeber, A. 126
Ladewig, D. 66
Landau, S. 116
Lee, C. 142
Le Fevre, C. 21
Lewis, R. 103
Lowinger, P. 152
Lunardi, F. 168
McConnell, W. 43
Maddocks, P. 21
Madeddu, A. 71
Madianou, D. 73
Mahon, T. 21
Malagoli, G. 71
Malone, S. 13
Marin, G. 170
Marriott, J. 179
Martin, M. 139
Mattila, A. 89
Mayer, R. 125
Miest, P. 66
Miller, L. 121
Mitcheson, M. 9, 13
Motohashi, N. 159
Mowlana, H. 127
Mullin, P. 47
Nagahama, M. 154
Noble, P. 25, 27
Ofori-Akyeah, J. 103
Ogborne, A. 3, 17, 19
Oviasu, V. 107
Palgi, P. 126
Panpanya, B. 140
Paracchi, G. 68
Peer, I. 119
Pereira, J. 163
Piesset, J. 51
Plant, M. 45
Poulain, C. 53
Preuss, K. 168
Prince, R. 179
Retterstøl, N. 91
Rissanan, A. 89
Robbins, E. 170
Rosado, P. 163
Rubin, V. 73, 109, 113, 126, 132, 138, 163, 164, 168, 172, 174, 176, 181
Rylander, G. 98
Said, A. 127
Sangsingkeo, P. 140

INVESTIGATORS (cont.)

Schaeffer, J. 181
Schnass, L. 185
Schneider, R. 140
Schultes, R. 163
Schur, E. 17
Sclare, A. 47
Sharma, B. 136
Shoham, S. 119, 122
Simmons, L. 127
Simonsen, J. 87
Singer, K. 150
Sjoberg, C. 99
Sjoquist, F. 94, 96, 98
Soueif, M. 114
Spear, H. 7, 11
Stefanis, C. 73
Stimson, G. 3, 17, 19
Szewczyk, H. 59
Tatetsu, S. 155
Teran, C. 185
Thomas, J. 166
Thomsen, K. 81
Timmerman, H. 57
Tompkins, W. 119
Tottie, M. 94, 96, 98
Tumrongrachaniti, S. 140
Ulff-Møller, B. 79
Utena, H. 155
Vaillant, G. 27
Vargas, G. 185
Verbeke, R. 110
Viani, F. 68
Voigt, J. 87
Weil, A. 112, 126
Wellisch, D. 183
Wikler, A. 142
Willis, J. 33
Winick, C. 19
Winsløw, J. 83
Wislicki, L. 118
Witayarut, C. 140
Zacune, J. 9, 13, 15
Zerbetto, R. 70
Zizic, V. 75

SAMPLE TYPES

addicts 3-15, 35, 37
adolescents 35, 45, 68, 85, 87, 91, 105
college students 96, 110, 168, 170
delinquents 25, 27
drug offenders 29, 53, 116
drug users 55, 73, 98, 112, 132, 136
fatalities 5, 87
females 27, 35, 37, 140, 146, 148, 185
general population 41, 47, 59, 70, 71, 92, 99, 118, 125, 127, 134, 139, 154-9, 164, 168, 172, 181
high school students 166
incarcerated 35, 114, 185
industrial workers 66
methadone patients 124
parents 81
pimps 119
posttreatment 146
prostitutes 119
psychiatric patients 43, 45, 179
rural 181
students 57, 79, 83, 85, 89, 94, 103, 105, 122, 183
treatment 21, 31, 33, 51, 64, 68, 75, 107, 131
treatment, inpatient 142, 148, 179
treatment, outpatient 11, 17, 19, 23, 39
vocational trainees 79
volunteers 140, 185
working class 176, 177
young addicts 81

SUBJECTS

abstinence 9, 13, 17, 19
academic achievement 183
addiction careers 19
adverse reactions 43, 61, 98, 105, 107, 155, 166, 179
age factors 7, 23, 92, 107, 127, 132, 142, 157, 183
alcoholism 150, 177
alienation 89
amotivational syndrome 172
anomia 57
anomie 125
aphrodisiacs 61
arrest rates 21, 33
background characteristics 3, 7, 17, 23, 29, 33, 35, 47, 59, 73, 75, 87, 92, 116, 124, 127, 136, 142, 144, 148, 155, 179, 183, 185
black market 11, 21
chromosome damage 168
cognitive performance 68, 114
convictions 15, 29, 31, 35
criminality 9, 13-19, 29, 31, 34, 35, 37, 45, 59, 87, 92, 116, 119, 122, 124, 146, 164
death rates 5
deaths, drug-related 5, 71, 87
delinquency 110
deviant subcultures 27, 119
disinhibition 61
drug acculturation 125, 126, 131, 163, 183
drug attitudes 23, 79, 91, 119, 122, 170, 172, 179, 183
drug availability 3, 7, 9, 15, 21, 27, 41, 55, 75, 150
drug counseling 103
drug knowledge 122
drug law effects 7, 21, 41, 61, 92, 164, 174
drug laws 3, 11, 13, 138, 144, 154, 157, 164, 174
drug offenses 25, 116, 118, 168
drug policy 9, 61, 70, 91, 113, 125, 126, 127, 134, 138, 139, 144, 152, 154, 157, 159, 174
drug preferences 55, 177, 179
drug progression 27, 55
drug relapse 53, 146
drug subcultures 7, 55, 176, 177
drug trafficking 113, 138, 144, 159, 172
drug use patterns 13, 17, 25, 27, 29, 35, 41, 45, 51, 55, 57, 70, 75, 79, 85, 89-96, 103, 114, 122, 140, 166, 170, 179, 183
employment 9, 13-19, 23, 25, 45, 51, 136, 185
environmental influences 155
epidemiology 3-11, 17, 39, 47, 57, 59, 61, 64, 71, 75, 118, 125, 127, 144, 154-159, 168
family influences 25, 31, 51, 68, 81, 89, 105, 107, 142, 148, 185
ganja vision 176
geographic factors 73, 85
geographic mobility 27
goal orientation 148, 183
incarceration 53, 144
intelligence 25

SUBJECTS (cont.)

interpersonal relationships 89, 94, 136, 142
maturing out 19, 37
media influences 71
motivation for treatment 23
motivation for use 51, 70, 87, 89, 92, 94, 96, 103, 107, 109, 110, 119, 127, 142, 148, 170, 183
multiple drug use 29, 31, 35, 45, 55
occupational status 107, 110
onset 79, 114, 142, 146, 168
overdoses 5, 61
paranoid schizophrenia 43
parent-child relationships 57
parental influences 27, 183
peer influences 39, 55, 79, 83, 89, 105, 119, 140, 183
peer subcultures 13, 83
perceived effects 61, 98, 114, 163, 166, 176, 181
personality factors 25, 47, 57, 66, 75, 92, 136, 150, 157, 170, 177, 185
physiological effects 132
postmortem diagnosis 87
pregnancy effects 168
prostitution 35, 37, 119, 146
psychological adjustment 35, 66, 68, 75, 81, 105, 114, 124, 142, 155
psychological effects 132
psychopathy 68
psychosis, drug 43, 98, 155
psychosocial attitudes 148
"punding" 98
Rastafarianism 174, 179
rebelliousness 94
rehabilitation 144, 152
religious influences 126, 179
religious uses 131, 134, 138, 176
routes of administration 7, 96, 131, 150, 172
schizophrenia 164
self-esteem 148
sensation seeking 57
set and setting 112, 164
sex factors 64
sexual effects 98, 119
situational factors 39, 55
social change 73, 109, 121, 150, 152, 155
social control 71, 125, 152, 155, 168
social uses 55, 127, 139, 150, 163, 164, 172
socialization to drug use 119, 172, 176, 177
sociocultural influences 61, 109, 112, 113, 126, 127, 134, 150, 163, 168, 172, 176, 181
socioeconomic factors 25, 51, 70, 73, 79, 81, 105, 113, 134, 150, 155, 164, 177, 179, 185
stimulant effects 98, 103, 107, 109, 110, 139, 155, 172
stress 27, 163
suicide 5, 45, 51
teratogenic effects 168
therapeutic uses 131, 134, 138, 139, 163, 164, 176
treatment outcome 11, 19, 21, 37, 53, 124, 146
treatment, prison-based 53

SUBJECTS (cont.)

treatment programs 85, 118, 127, 131, 144, 146, 159
typologies 19
urbanization 73
violence 109, 110
Western influences 121, 136, 138, 139
work performance 103, 136, 181

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